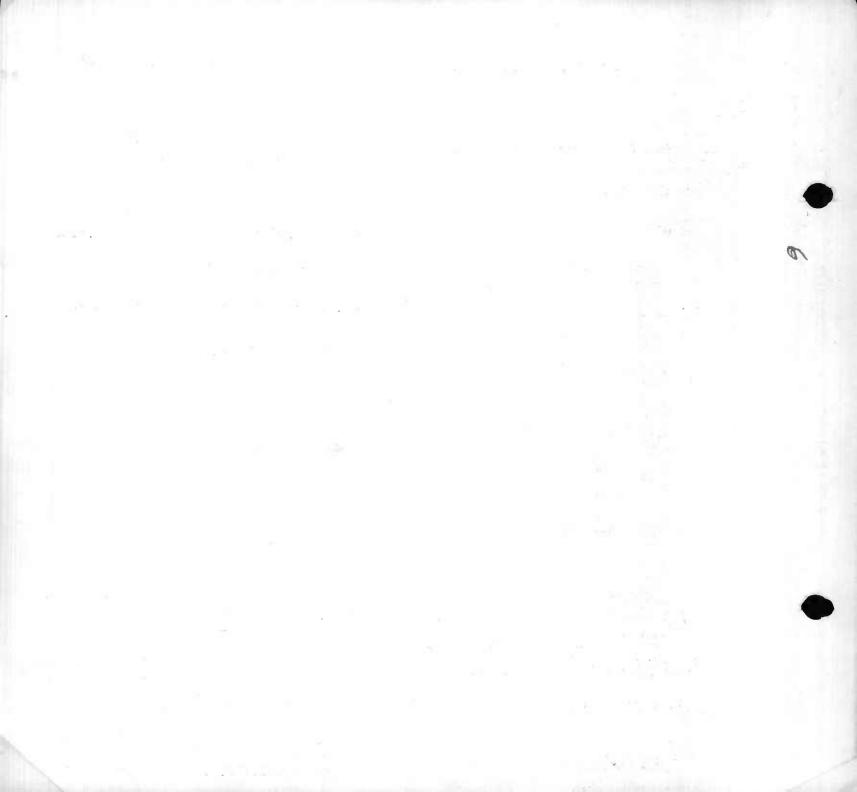
	5-14 H NO.		69	600	BALTIMO		TE OF DEA		REG. NO	69	656	1
(Тур	AME OF DECE	SHIPL	EY, Na	aomi	REID			June		9	9:40	5 PM
FILL	L NAME OF INTUINON The	(IF NOT ADDRESS	IN HOSPITA S OR LOCA	L OR INSTITUTION)	UNCED DEAD UTION, GIVE STRE Spital	ET	Marylan c. city or town Baltimo	ore UMBER		SIDE CITY I	/5 -	13
5. SE		Negro	7		NEVER MARRI		文章 2468 3. DATE OF BIRTH 7/20/41	19.	ley Aver	II Unde	er 1 Yr. II Ur Doys Hours	nder 24 His.
done Ho		PATION (Give orking life, ever	kind of work 1		BUSINESS DR INI	DUSTRY	Baltimore,	Maryl	country)	12. CIT	U.S.A	
15. W		mas Wo	Armed Fasse	of service)	1 6. SOCIAL SECURITY ND		Mamie 7. INFORMANT		sdale		ADDRESS	
N	0.			0. 00.11.00	SECOKIII ND	•	Mr. James	Shipl	ey 2468	Shirle	ey Avenu	ie
ATION	DISEASES OR ISS IN INC. DISEASE OR CO. OTHER SIGNIFICO THE DEATH USEASE OR CO.	abave co CONDITION II ANT CONDIT BUT NOT REL NDITION GIV	ONS, if or use IA) so lost. TONS CON. ATED TO THE EN IN PART	TRIBUTING TERMINAL	(c)		CONSEQUENCE O	F:			***************************************	
CERTIF	A ACCIDENT	WAS UND	WAS PERFO	RMED	HICH OPERATION		20A. AUTOPSY! (Y YE or obout 21 C. WHER	S "	OB, IF YES, WERE I CERTIFYING CA	USES OF	CD NSIDERED DEATH?	МО
WEDICA 15 0 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2. I certify the control of the cont	Month) (Donald (1) (this ast sow the from the care)	hospital)	(Hour) 21E. Whill Work attended the	INJURY OCCURR	eD of While i Work n	19.6.7 we the bady after ling Med. Directo D. ADDRESS	19C ond that i	OCCUR?	nian dea	91	9.69
	Burial CREM. Burial Date REC'D	ecify)	DATE 5-13-69	Bai	ME OF CEMETERY I timore Na		ATDRY	24D. LDCA		ity, town, o	Maryland	(State)
	JUN	T 9 130	J 1166	به در بامد	wen, at a				F.H. 170	Laur		eet



24C. NAME of CEMETERY or CREMATORY

258. NAME OF REGISTRAR

Arbutus Memorial Park

24A. BURIAL CREMATION,

25A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)

Burial

VS 151-REV, 1/1/68

24B, DATE

6-13-69

24D. LOCATION (City, lawn, ar county)

Baltimore,

25C. FUNERAL DIRECTOR

MORTON &

(State)

Maryland

ADDRESS

DYETT F.H. 1701 Laurens Street

VS 177-signed by Dr. Spitz

Piney Grove Meth. Ch. Cem.

25C. FUNERAL DIRECTOR

Reisterstown,

MORTON & DYETT FUNERAL HOMES, INC. 1701 Laur

Maryland

ADDRESS

REMOVAL (Specify)

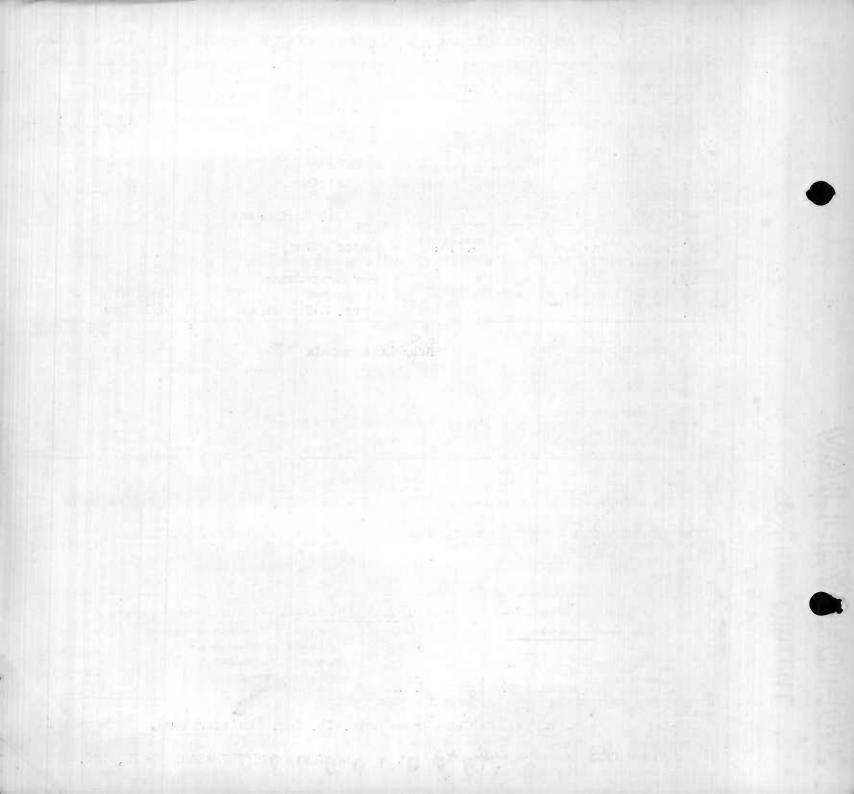
Burial

25A. DATE REC'D BY HEALTH DEPT.

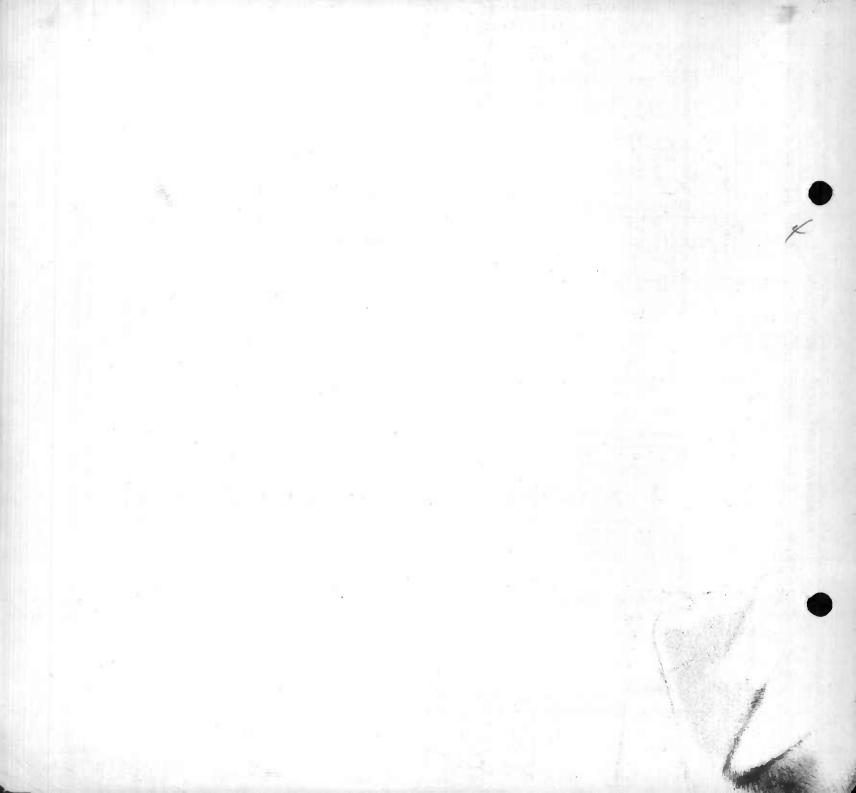
6-14-69

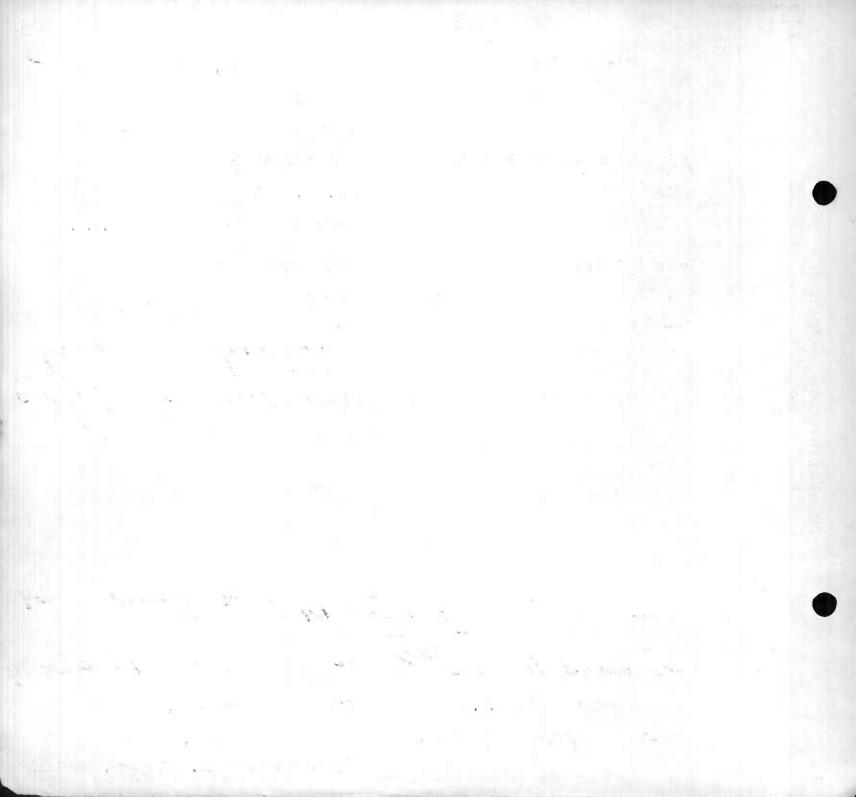
Robert E. Jasber

25B. NAME OF REGISTRAR



VS 150-REV, 1/1/68





5-530

69 6006 BALTIMORE CITY HEALTH DEPARTMENT

A SECTION A SECTION OF SECTION AS A SECTION	
MEDICAL EXAMINER'S CERTIFICATE OF DEA	T

	69	6006	BALTIMORE CITY HE	ALTH DEPAR	TMENT		X			
	٨	MEDICAL	EXAMINER'S	CERTIFIC	CATE OF	DEAT	TH REG. NO.	69	600	0
BIRTH NO.							KEO. 140.2			
NAME OF DI	CEASED			2. DATE	Known 🗌	Month	Doy	Year	Hour	
Type or Print)		CHMIDT		OF DEATH	Estimoted	June	10,1969		12:30	P.M.
4. PLACE IN BA	ALTIMORE, MARYLA	ND, WHERE PR	ONOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	-775.
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN H ADDRESS OF	OSPITAL OR INS	TITUTION, GIVE STREET		NCED DEAD	June	10,1969			P.M.
	CITY HOSPI'	TAL		A. STATE	Maryland	e deceosed I	B. COUNTY		lore odmiss	on)
6. SEX	7. RACE	8. MARR	NEVER MARRIED	C. CITY OR			D. INSIDE CIT			
Male	White	WIDOV		Baltin	iora					
9. DATE OF BIR	TH 110 A	GE (In years	If Under 1 Yr. If Under 24 Hrs.		ND NUMBER		YES		0 20	
June 10,	. lost	birthdoy)	Months Doys Hours Min.		ByWay Nor	th				
1. BIRTHPLACE	(State ar fareign cou	ntry)	12. CITIZEN OF	13. FATHER'S						
Maryla	nd		WHAT COUNTRY?	Edwa	rd Schmid	+				
		/ (I) 4D 1/ (A)								
one during most o	fworking life, even if re	ticadl	OF BUSINESS OR INDUSTRY							
merger.		Cont	cinental Mfg Co	Cath	erine Rei	50				
6. WAS DECEA	SED EVER IN U.S. A	ARMED FORCES	17. SOCIAL	18. INFORM	ANT		AD	DRESS		
Tes, no No	n) (If yes, give wor or	dotes of service	SECURITY NO.	Mrs Do	rothy M S	Schmid	t.	Same		
19.	a 1		CAUSE OF DEA		0				OXIMATE INT	ERVAL
41	delife		Chost of Sta					BETWE	N ONSET AN	D DEATH
DISEA	SE OR CONDITION		Arterios	scleroti	c cardio	vascu1	ar diseas	se		
4	LEADING TO DEA		(A)IMMEDIATE C		See					
	not meon the mode re, asthenio, etc. 11 me			AS A CONSEQU	JENCE OF:					
Injury or co	omplication which cou	sed de oth.)								
1 1 1										
	ANTECEDENT CAUS		(B)	15 1 50 115 1						
RISE TO T	OR CONDITIONS,	IF ANY, GIVING	(B) DUE TO, OR	AS A CONSEG	UENCE OF:					
UNDERLY	ING CONDITION	LAST.	(c)							
δ <u> </u>			(C/							
OTHER SIG	II NIFICANT CONDITIO	NS CONTRIBILI	TING							
	EATH BUT NOT RELAT	TED TO THE TERM	INAL							
DISEASE	R CONDITION GIVE			*********						
20A. DATE O	OF OPERATION 208	CONDITION	FOR WHICH OPERATION W	AS PERFORM	D			21. AUTOP		No)
0								ye	5	
₹ 22A. EXTE	RNAL CAUSE WAS		228. PLACE OF INJURY (e.g.,	in or obout 22	C. WHERE DID	(II in Boltime	ore City, give exoc	locotion)		
	G OR CONTRIB		home, form, foctory, street, offic	e bldg., etc.) IN	JURY OCCUR?	`				
	AUSE OF DEATH.	/V\ /II	Loor Million Occupant	2,	E HOWBIR IN	LUDY OCC	TIPO			
OF INJURY	(Month) (Doy)	(Year) (Hou	r) 22E.INJURY OCCURRED		F. HOW DID IN	JUKY OCC	.UK?			
(APPROX.)			m. WHILE AT NOT	WHILE WORK						
23.										
I ce	rtify that I held o	n Inquiry	Inspection Au	top sy	ond that on tl	his bosis,	, deoth in my o	pinion		
	Ited from: Noture		Accident Suicio	de Ho	micide 🗆	Undeterm	ined monner	1		
	/							•		
ACTUA	1 //	0/11	11/2/1		HIEF MEDICAL E		H		ATE SIGN	ED
SIGNA	11 10 1	d VI	M.O	A5 515	TANT MEDICAL E	XAMINER	[X]	- 1-	1100	
EXAMI	NER'S		/	ASSO	CIATE MEDICAL E	EXAMINER		6/1	1/69	
NAME	(Type) Ronald	d N. Kor	nblum, M.D.							
24A. BURIAL CR		ATE	24C. NAME of CEMETERY	or CREMATO	RY 24D.	LOCATION	(City, town,	or county)	(Stote	;)
REMOVAL (Spe		11 //-			7	-7-4-4	35	-		
Burial		14/69		aith	В	altimo	ore, Mary			
	D BY HEALTH DEPT.		AME OF REGISTRAR	25 F	UNBRAL DIRECT	GR .	AD	DRESS		
	JUN 1 6 198	19 Ilsber	& E. Varber MD	Le	onard JRu	ck Inc	. Balti	more	Maruel.	and
/S 151-REV. 1/1/	,		7.7	1 -0	- January	-25 -21	2 2017 07		· rest y To	1117
	30									- T T

the tree to be an entire transfer in the state of the sta

0	40		MED	ICAL	FX	AMINER'S	FR	TIFIC	ATE C	DE DE	ΔTH		69	けいしい
BIR	TH NO.								5/ (12 (, ,,,		REG. NO		
1. 1	NAME OF DEC	EASED						ATE	Known [Mont	h	Doy	Yeor	Hour
(1yp	e or Print) PAU	ILA		MO	DEL	L		OF EATH	Estimoted	\square_X				M
4. P	LACE IN BAL	TIMORE, N	ARYLAND, W	HERE PR	ONO	UNCED DEAD	3. D	ATE		Mont	h	Doy	Yeor	Hour
	NAME OF	(IF N	OT IN HOSPITA	LORINST	ITUTIC	N, GIVE STREET	PF	RONOU	NCED DEAD		Tune	10.	1969	10:35 A.M.
	NSTITUTION	ADD	RESS OR LOCA	IION)			5. US	UAL RE	SIDENCE (V					before odmission)
			ital (D	OA)			A. ST	Mary	land		В.	COUNTY	1	18-31
6. S	EX	7. RACE		B. MARR	IED 🛛	NEVER MARRIED	C. CI	ITY OR	TOWN		0	. INSIDE C	ITY LIMITS?	
1	emale	whi	te	WIDOW	ED [DIVORCED [Balt:	imore			ν	ES X	NO 🗆
9. D	ATE OF BIRT	H	10. AGE (In lost birthdo			der 1 Yr. If Under 24 Hrs. ns Doys Hours Min.	-, -,		ND NUMBE		47			
11	BIRTHPLACE (S	tata as face	62		12 61	TIZEN OF	12 5	ATUED'S	Eberle	Drive	Al	1. 10:	2	
		or iore	ign country)			HAI COUNTRY?								
	USSIA				(I.S.A.			SCHLES.					
	USUAL OCCU during most of v			14B. KIND	OF B	USINESS OR INDUSTR	Y 15. A	MOTHER	'S MAIDEN	NAME				
	HOUSEWI			AT H	HOME	=		UN	IKNOWN					
16.	WAS DECEAS	ED EVER I	U.S. ARMED	FORCES	?	17. SOCIAL	1B. II	NFORM	ANT			Α	DDRESS	
(1es	NO	(II yes, give	wor or dotes	or service,	'	SECURITY NO.	MR	WT I	LIAM M	ODELL	663	8 EBE	RLE DR	APT 10
	19.	251	0,0			CAUSE OF DEA		WIL	LL FIGHT IVE	OVELL,	00.	O LDL	A	APPROXIMATE INTERVAL
	DISEAS	F OR CON	DITION DIRE	CTIY		Barbitu	rato	Tnt	ovicati	on				
		LEADING				(A)IMMEDIATE		THE	OXICALI	-011				
	(This does n	ot meon th	e mode of dy	ing, e.g.,		DUE TO, OR		ONSEQU	JENCE OF:					
	injury or con	, ostnenio, e nplication w	tc. It meons the hich coused dec	oth.)										
		NTECEDEN				(B)	10 10		1151165 05					
	RISE TO THE	E ABOVE C	TIONS, IF ANY AUSE (A) STA	ING THE		DUE TO, OR	A5 A (LONSEQ	UENCE OF:					
2	UNDERLYIN	4G COND	ITION LAST.			(c)								
ᅙ			Ш			()						-		
\ <u>₹</u>			ONDITIONS CO											
읪			OT RELATED TO		INAL	,			~~~~					
CERTIFICATION					FOR V	WHICH OPERATION W	AS PER	RFORMI	D			14.5	21. AUTO	OPSY? (Yes or No)
ö	2												Ye	
7	22A. FXTER	NAL CAUS	F WAS	1	22R DI	LACE OF INJURY(e.g.	In	-b1 22	C WHERE P	ID /If to Dal	1: m. n. n	Cition and a significant		
O	UNDERLYING				home,	form, foctory, street, offi	e bldg.	, etc.) IN	JURY OCCU	R?	more	CITY, give ex	oci i oconon)	0 0 1
9	UTING CA					home				Eberle			- 95	10-5/
2	OF INJURY	(Month)	(Doy) (Yeor	·) (Hour	.	E.INJURY OCCURRED		22	F. HOW DIE	INJURY C	CCUR	?		
	(APPROX.)	6/10/	69 UN	K	m. W	ORK NO	WHILE WORK	X	ingeste	ed an	over	dose d	of drug	gs
	23.						· O MA							
	I cert	ify that I	held on I	nguiry [Inspection A	topsy	X	and that	n this ba	sis, de	oth in my	oplnion	
	eacul.	and from	Natural and	[A -	cident Suici						_		
	16301	ieu nom.	National ego	363	1	Solci Solci	Ue LA					-		
	ACTUAL		1/1	10.	1.				HIEF MEDIC			J		DATE SIGNED
	SIGNATI		1111	nu	M	M.I).	ASSIS	TANT MEDIC	AL EXAMIN	IER L			
Н	EXAMIN		Puccel	1 9	Fie	her, M.D.		ASSO	CIATE MEDIC	AL EXAMIN	IER _			
	NAME (1			1 0.										
	BURIAL CREA		24B. DATE		240	NAME of CEMETERY	ar CR	EMATO	RY 2	4D. LOCAT	ION	(City, tow	n, or county	(Stote)
KEP	BURIAL	177	6-11-6	9	MA	ARYLAND LODG	E			ROSEDA	IE	MARYL	AND	
25 4	DATE REC'D	RY HEALTH			_	OF REGISTRAR		25€ €	UNERAL DIR		,		ADDRESS	
234	. DAIL REC D			1			1		LEGINS		ROS	TNC		
		11 1R	1 6 196	4116	50 C	E Falber M	W	21	TATOLT	CTERCT	NOW!	ימולת מי	RAITA	MD 212

Madia to the contract of the c File and a second of the secon

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

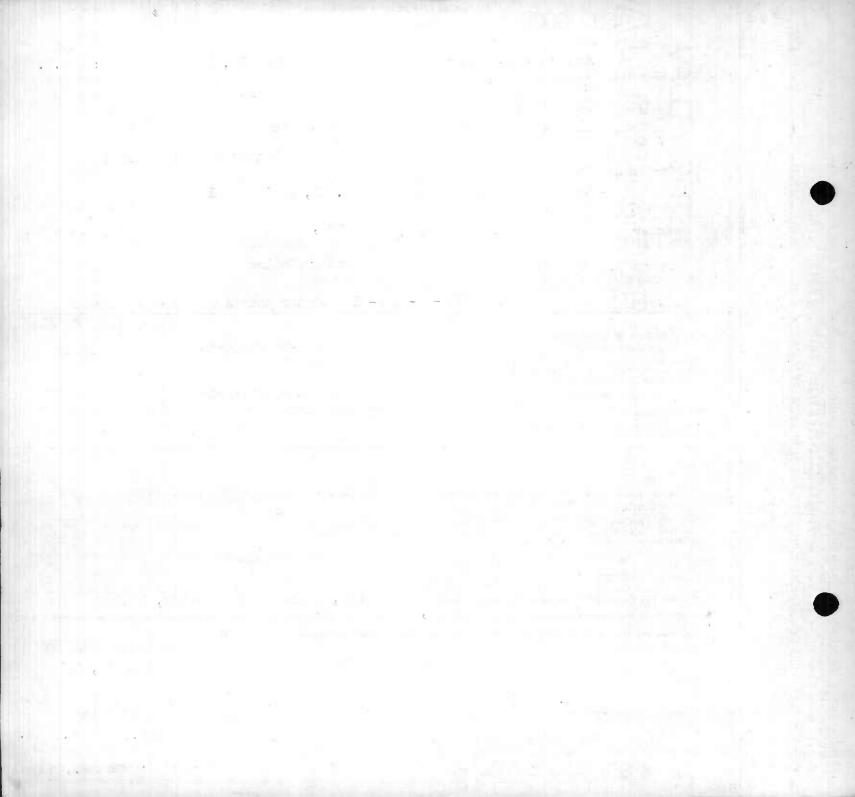
١,	1 20 0	BALTIMORE CITY	HEALTH DEPARTMENT	
BI	N-000 69 G	008 CERTIFICA	TE OF DEATH	- 69 6008
	NAME OF DECEASED (Pe or Print) RUTH F NOE		2 DATE AND HOUR OF DE	ATH 17/5 A
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PA	ONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived.	If institution; residence before admission
H	JLL NAME OF (IF NOT IN HOSPITAL OR II OSPITAL OR ADDRESS OR LOCATIONI	NSTITUTION, GIVE STREET	MARYLAND	27-65
113				INSIDE CITY LIMITS?
	SINAI HOSPITAL		BALTIMORE E. STREET AND NUMBER	YES NO
4	4-2		4415 BUCHANAN AVENUE	
5.	SEX 6. RACE 7. MAR	RIED X NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yours last birthday)	If Under 1 Yr., Il Under 24 Hrs. Months: Doys Hours: Min.
		WED DIVORCED	TIII V E 1012 EE	Months Doys Hours Min.
io.	A. USUAL OCCUPATION (Give kind of work 108, KIN ne during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
	HOUSEWIFE	AT HOME	BALTIMORE, MXRXXXMARYLA	WD U.S.A.
3.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	MORRIS FRANKLIN		BERTHA SUSSMAN	
5. Yo	Was Deceased Ever in U. S. Armed Forces? s,na or unknawn) (If yes, give war ar doles af sorv	1 6. SOCIAL	17. INFORMANT	ADDRESS
117	NO	212-07-4729	MR. RAY NOE, 4415 BUCHAN	IAN AUFNUF #21211
	18.	CAUSE OF DEATH		APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Pur la	BETWEEN ONSET AND DEATH
	(This does not meen the mode at dying,	e.g., (A)IMMEDIATE CAU	SE CONSEQUENCE OF:	ac own
	heart failure, asthenia, etc. It means the dise injury or camplication which caused death.)	ase,	CONSEQUENCE OF:	
	ANTECEDENT CAUSES			
	DISTAGES OR COMPUTED TO	ving (B)	A CONSEQUENCE OF:	
	rise to the above cause (A) stating UNDERLYING CONDITION last.	ine	TO THE BETT OF THE PARTY OF THE	
	CADERLING CONDITION last	(c)		
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG		
AHON	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	IAL		
CERTIFIC	19A-DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A AUTOPSY? (Yos or No) 20B IF YES, WI IN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
ŭ	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., in hame, farm, factory, street, affi	or about 21 C. WHERE DID (If in Balt	imore City, give exact location)
į	DEATH (natify medical examine)	hame, farm, factory, street, affi etc.)	co bidg., INJURY OCCUR?	and any give exact totallong
בנות	21 D. TIME (Month) (Doyl (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
3	OF INJURY (APPROX.)	While At Not While	The state of the s	
	22. I certify that (I) (this hospital) attend		19 <u>55</u> _ta	6-10 1969
	that (1) (we) last sow the deceased alive		19ond that in (my) (our)	opinion death accurred on the date
	and hour and from the causes stated above	e. (I) (We) (did) (did nat) vi	ew the bady after death.	
	23A. SIGNATURE	2 emil	dies CD Mad em 5: 00	23B. DATE SIGNED
	Training Cotting	GEGREE!	ding Med. Staff Phys.	6-11-69
	23G. PHYSICIAN'S NAME (Type)	23	D. ADDRESS	
	STANLEY STEI	VBACH DEGREE	ELEVEN SLADE AVENUE	
4A	KENTO VAL (Specily)	C. NAME of CEMETERY OF CREA	AATORY 24D. LOCATION	(City, town, or county) (State)
		ITZ CHAIM	BALTIMORE, MA	RYLAND
5A	DATE REC'D BY HEALTH DEPT. 258. NAM	ME OF REGISTRAP	SOL LEVINSON & BROS., 60	
	JUN 1 6 1969 Pab	ELE EL JOUDEN MED.	SULLEVINSON & BROS., 60	110 KEISTERSTOWN ROAD
S	150-REV. 1/1/68			

Tarter symmetry along the control of a service of 44-

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

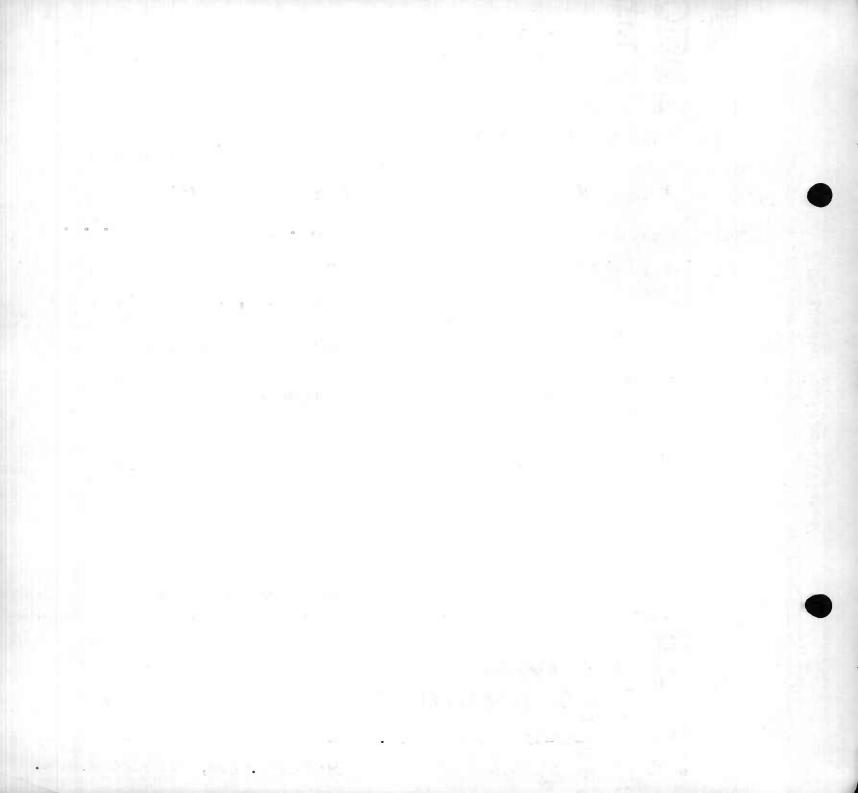
	00 000	58	BALTIMORE CITY	HEALI	H DEPAKIMENT		10	0000
BIRTH NO.	69 600	9	CERTIFICA	TE	OF DEATH	REG. NO		
NAME OF DEC	CEASED				2 DATE AN	D HOUR OF DEATH		
Type or Print)	Sister J	osepha	Case			10, 1969		8:30 P.M.
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USL			stitution: r	esidence before odmissio
FULL NAME OF HOSPITAL OR INSTITUTION			UTION, GIVE STREET	C. CITY	ryland C	ity	DE CITY L	8-41
94	Villa Sai	nt Mich	ael	E. STR	est and number 1000 Forest	U277 D2	212	NO
S. SEX	6. RACE	7						
\mathbf{F}_{ullet}	White	WIDOWED	DIVORCED	Nov.	21, 1888	9. AGE (In years last birthdoy)	If Unde Months	Doys Hours Min.
OA, USUAL OCC lone during most of	UPATION (Give kind of work working life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIR	THPLACE (Stote or forei	gn country)	12. CITI	ZEN OF WHAT COUNT
Teache		Sister	of Charity	Tr	oy, New Yor	k	Uni	ted States
3. FATHER'S NA	ME			14. MC	THER'S MAIDEN NAM	AE		
Truma	n George Case			Es	ther Hanlon			
	Ever in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INF	DRMANT		- 10	ADDRESS
No	The year, give war or date	3 07 30111007	219-54-0244-		Sister And	rea Sa	ame a	ddress
18. 1/1	5.91		CAUSE OF DEATH	1				APPROXIMATE INTERVAL
DISEA	SE OR CONDITION DIF LEADING TO DEATH	RECTLY	(A) IMMEDIATE CAU	e E	Coronary Occ	clusion		l day
heort foilure, injury or cor	not meen the mode of osthenio, etc. It meons implication which coused ANTECEDENT CAUSES OR CONDITIONS, if	the disease, death.)		nera	l Arteriocle	erosis		8 years
UNDERLYIN	e obove couse (A) G CONDITION lost.	sloting the	(c)					
TO THE DEA	FICANT CONDITIONS COI TH BUT NOT RELATED TO THE CONDITION GIVEN IN PAR	TE TERMINAL			***************************************			***************************************
E O No	POPERATION 198 CON WAS PERF	ORMED	None	20 A	None	208. IF YES, WERE IN CERTIFYING CA	INDINGS USES OF	CONSIDERED DEATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE QE	21B, hom etc.)		n or obou fice bldg	21C. WHERE DID INJURY OCCUR?	(If in Boltimore	e City, glv	e exact location)
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E.	INJURY OCCURRED		21 F. HOW DID INJU	JRY OCCUR?		
(APPROX.)	None	Whi	ile At Not White		None			
22. I certify	that (1) (this haspital) attended t	he deceased from M	arch		9 to June,	1969	219
	last saw the decease					ot In(my) (aur) apli	nian dea	th accurred an the d
23A. SIGNATI		ed abave. (I) (We) (did) (did nat) v	iew the	bady after death.	No	DOD DATE	TE CICNED
237. 31011411	11110 011	Make		nding 🔀	Med.	Staff		10, 1969
23 C. PHYSICIA NAME (1	N'S Damian P. Al	agia	DEGREE Phys	3D. ADI		Phys. L	Pare	R. 1909
4A. BURIAL CRE	MATION, 248. DATE		DEGREE	MATOR	7 24D. LC	CATION (Ci	ly, town, c	or county) (State)
BURIA	Specify)		la St. Michae				, .	
	BY HEALTH DEPT.	258. NAME C	F REGISTRAR	A 250	TINEDAL DIRECTOR	-		ADDRESS
JUN 1 6	1969 Vaber 8	. Vaiber	M.D.	ST	EWART & MUW	EW CO.108	H . INOL	th Av., City



EQ PARTERIA	OO TOWEL	DICAL	EXAMINER'S	CERTIFI	CATE OF	DEAT	HEREG. NO	D		
I. NAME OF DEC	EACED	HOWAR	n)	2. DATE	Known X	44 - 4L	()	V	For	
(Type or Print)	CHARLE			OF	Estimated	June	13,	1969	11:40	P
4. PLACE IN BAL	TIMORE, MARYLAND,			3. DATE	Estimotes C	Month	Doy	Yeor	Hour	- 4M.
FULL NAME OF HOSPITAL		AL OR INST	TUTION, GIVE STREET	PRONO	UNCED DEAD	June	13,	1969	11:40	1471
OR INSTITUTION				5. USUAL R	ESIDENCE (Where		ed. If instituti B. COUNTY		pefore odmis	sion)
44	Union Memori	al Hos	spital		Maryland		D. COUNT	1 d	1 - 0	5
6. SEX	7. RACE	8. MARRI	ED NEVER MARRIED	C. CITY OR	TOWN		1	CITY LIMITS?		
Male	White	WIDOW			Baltimor	е		YES X	NO 🗆	
9. DATE OF BIRTI $3/20/18$	10. AGE (lost birthd)		# Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	E. STREET	2508 N.	Calver	t St.			
11. BIRTHPLACE (S	Maryla		2. CITIZEN OF WHAT COUNTRY?	Robert E. Clark						
	PATION (Give kind of world	148. KIND	OF BUSINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN NA	ME				
done during most of w Reti	vorking life, even if retired) red	Fune	ral Home		Emma V	. Deit	Z			
16. WAS DECEAS	ED EVER IN U.S. ARME		7 17. SOCIAL	18. INFOR	MANT: siste	r		ADDRESS		
(Yes, no or unknown)	(if yes, give wor or dote:	s of service)	212-01-0198		Clark Ku		5 Augu	ust Av.	, Bal	to.28
19.	/- VI	H	CAUSE OF DEA	TH					PROXIMATE IN	
DISEAS	E OR CONDITION DIR	ECTLY						0211	ter order A	D DEATH
	LEADING TO DEATH	LUILI	(A)IMMEDIATE	ALISE	Pneumo	nitis				
	ot mean the made of d			AS A CONSEC						
	, osthenio, etc. It meons th nplication which coused de									
	NTECEDENT CAUSES OR CONDITIONS, IF AN	Y GIVING	(B)	AS A CONSE	QUENCE OF:					
RISE TO THE	E ABOVE CAUSE (A) STANG CONDITION LAST.									
Z	NG CONDITION LAST.		(c)							
Ĕ ausa aua.	11	Chirpinia							TOTAL .	
O THE DEA	ATH BUT NOT RELATED TO	O THE TERMI								
20A. DATE OF	F OPERATION 1208. CO		OR WHICH OPERATION W	AS PERFORA	AED			21. AUTO	PSY? (Yes o	r No)
8										
₹ 22A. FXTER	NAL CAUSE WAS	13	22B. PLACE OF INJURY (e.g.,	in or obout	22C. WHERE DID	(If in Boltimo	e City, give	exact location)	Yes	
UNDERLYING	OR CONTRIB-		home, form, foctory, street, offic					,		
¥ UTING LI CA ≥ 22D. TIME	(Month) (Doy) (Yes	Or) (Hour	22E.INJURY OCCURRED		22F. HOW DID IN	IURY OCCI	IR?			
OF INJURY (APPROX.)	(, (,	, (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		WHILE						
23.			in. WORK AT V	VORK L						
	ify that I held on	Inquiry [Inspection Au	topsy X	and that on t	nis basis,	deoth in m	y opinion		
resul:	ted from: Natural co	uses 🕅	Accident Suicie	de H	omicide 🗌	Undetermi	ned monne	П		
	() (2		100 To 100	CHIEF MEDICAL E	XAMINER				
ACTUAL			1 - 7		ISTANT MEDICAL E		$\overline{\mathbb{Z}}$		DATE SIGN	1ED
SIGNATI		- C C	M.C).				- 1/	1060	
EXAMIN NAME (1	Type) Charle	5 5. 5	pringate, M.D.	A550	OCIATE MEDICAL E	AMMINEK		June 14	, 1969	
24A. BURIAL CREA	MATION, 248. DATE		24C. NAME of CEMETERY			LOCATION		own, or county		e)
BURIAI		16/69		е			stown,	Maryl	and	
4	BY HEALTH DEPT.		AME OF REGISTRAR		FUNERAL DIRECTO	Mr.		ADDRESS		
JUN 1 6	1969 Joseph	ENVad	Ber (19 0) 0	STE	WART & MO	WEN C	0.108	W.Nort	n Av.,	City.

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0 112	BALTIMORE CITY	HEALTH DEPARTMENT		og 6911		
C-410 69 60	11 CERTIFICA	TE OF DEATH	REG. NO	00 0011		
BIRTH NO.	CERTIFICATION OF THE PERSON OF		D HOUR OF DEATH			
(Type or Print)	Wary V.		-69	5 Am.		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT		itution: residence before admission)		
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	MEYY 12n2 C. CITY OR TOWN		20-37 E CITY LIMITS?		
	ryland	Bait	imore	YES NO		
4/	1)10110	E. STREET AND NUMBER	219 Ed	ge wood st.		
5. SEX 6. RACE N TO MARK	RIED NEVER MARRIED DIVORCED DIVORCED		ost birthdoy) 43	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
10A. USUAL OCCUPATION (Give kind of work 10B, KIN) done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?		
Housewife		S.C.		U.S.A.		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A E			
Harvey Hilton		Anna Sukes				
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
No		Edward Clapp	,219 Edgew	ood Street		
18. 4/2,2	CAUSE OF DEAT	н		BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		ISE subdrackn	1 Hemour	250		
(This daes not mean the made of dying,		A CONSEQUENCE OF:	*. » // · · · · // //			
heart failure, asthenia, etc. It means the dise injury ar camplication which caused death.)	ase,					
ANTECEDENT CAUSES	ASC 1	1 High BP				
DISEASES OR CONDITIONS, if any, gi	ville	A CONSEQUENCE OF:				
rise to the above cause (A) stating UNDERLYING CONDITION tast.	(C)					
11						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).						
	100000000000000000000000000000000000000	20A. AUTOPSY? (Yes or No.	208, IF YES. WERE FIL	NDINGS CONSIDERED		
19A. DATE OF OPERATION 198. CONDITION F WAS PERFORMED	ok Willer O'Ekallow	20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)		
OF INITIAL (Month) (Doy) (Yeor) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
OF INJURY (APPROX.)	While At Not While Work At Work	е				
22. I certify that (47) (this haspital) attend	0		9 6 9 to 5 AM	6-9-1969,		
that (1) (last saw the deceased alive	an 5-1M 6-	9-19 69 and the				
and haur and fram the causes stated above	re. (I) (We) (did) (did not)	view the bady after death.		23B. DATE SIGNED		
b a . n . 1 . 1	/ J Atte	ending Med. Director	Staff Phys.	6-9-69		
23C. PHYSICIAN'S		s. Director 23D. ADDRESS	Phys. L.J	0 /-0/		
NAME (Type) REBA BA	HADORI M. A	Lutheran ho	spitz1 of	Wallsug		
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY of CR	EMATORY 24D. LC	OCATION (City	, town, or county) (Stote)		
REMOVAL (Specify)	C. ITANIE OF CENTERENT OF CR					
Burial 6-12-69	Arbutus Mem.		Baltimore			
REMOVAL (Specify)	Arbutus Mem.	25C. FUNERAL DIRECTOR		Maryland ADDRESS Madison Ave.		



V 5	-30	69 61	BALTIMORE CIT	Y HEALTH DEPARTA	MENT	69 6012
BIRTH NO.		oo oi	CERTIFICA	TE OF DEA	TH REG. NO.	00 0012
I. NAME OF D	ECEASED				DATE AND HOUR OF DEAT	н
•	Knutt, Geor	rge Edwa	rd		June 10, 1969	8:45 a.
3. PLACE IN B	ALTIMORE MARTLA	ND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDEN	CE (Where deceased lived, II	institution: residence belore admissio
FULL NAME C	OF (IF NOT IN I	HOSPITAL OR IN	ISTITUTION, GIVE STREET	Maryl		17-12.
HOSPITAL OR	ADDRESS OF	LOCATION	ISTITUTION, GIVE STREET	C. CITY OR TOWN		ISIDE CITY LIMITS?
	Provident	ena .		Balti	more	YES NO
34	1514 Divis:			E. STREET AND NU	JMBER	
	Baltimore,			1325	Madison Avenue	
Male	6. RACE Negro	WIDO		4-8-97	9. AGE (In years lost birthdoy) 72	Il Under 1 Ye. Il Under 24 Hr Months Doys Hours Min.
OA. USUAL OC	CUPATION (Give kind	of work 10B. KINI	OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State	te or foreign country!	12. CITIZEN OF WHAT COUNT
Unempl	of working life, even if n	elired}		Reltimore	, Maryland	A D TT
3. FATHER'S N	U			14. MOTHER'S MAI		U.S.A.
7.1.						
John Kr		or Historian?	11.4 .0.01.11	Mary		
	ed Ever in U. S. Arm wn) (11 yes, give wor	or dotes of servi	ce) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no			328-14-1565	Mrs. Mary	Knutt 1325	Madison Avenue
DISEASES rise to the UNDERLYIF OTHER SIGN TO THE DEL DISEASE OR 19A. DATE (C) 21A. A CCID OR CONTRI	onol mean the moe, osthenia, etc. It is omplication which complication which complication which conditions are courselved in the condition of	meons the dise oused deoth.) AUSES , if ony, gir (A) stating st. IS CONTRIBUTING TO THE TERMININ PART 1 (A). CONDITION F. S PERFORMED	ving (8) Plu'ale (b) DUE 10, OR AS	ffice bldg., INJURY OC	es of No) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
22. I certif	fy that (1) (this has	spital) attende	ed the deceosed from	6-10-69		10-69
	e) lost saw the de		0 70 00			
			***		Long that in (my) (aur) al	olnion death occurred on the da
23A. SIGNAT	TURE	- 10160 000A(e. (1) (We) (did) (did not)	new the body offer	death.	23B, DATE SIGNED
91.		0.	Alla Alla	anding Med.	Staff -	
23C. PHTSIC	ans y	· Flans		20D Ammanaa		6-10-69
NAME				rr	ovident Hospita	
14 848144		rginia F		1514 Divisi	on Street - Bal	timore, Maryland
A. BURIAL CE	1Specilyl		NAME of CEMETERT OF CR	EMATORT	24D. LOCATION (Cily, town, or countyl (Stote)
Burial	6-14	-69	Mt. Auburn Ceme	etery	Baltimore,	Maryland
SA. DATE REC	D BY HEALTH DEPT.		AE OF REGISTRAR	25C. FUNERAL DI	REGTOR 802 Mad	ADDRESS
JUN 1 6	3 1969 Page	BE Jack	Sev. M.B.	Charles R	Law 802 Mad	Lson Ave.
150-8EV. 1/1	1// 0					



11 0000 001 (1016	CATE OF DEATH X REG. NO. 69 6013
	CATE OF DEATH X REG. NO. 03 0010
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
Olle Moggison Ollie Me	egginson 6/10/19 15.30 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. Il institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION	MARYIAND BALTIMORE 53-00
BALTIMORE CTTY HOSPITALS	C. CITY OR TOWN D. INSIDE CITY LIMITS?
4940 EASTERN AVENUE	YES NO
	E. STREET AND NUMBER
	122 BARBERRY COURT
FEMALE NEGRO WIDOWED DIVORCED	7-11-98 Ost birthday) 70 Months Doys Haurs Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDU done during most of working life, even if refired) HOUSEWIFE	TRY 11. BIRTHPLACE (Slote or loreign country) MARYLAND 12. CITIZEN OF WHAT COUNTRY U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
GEORGE C. Faidley	VIRGINIA
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (III yes, give war or dates at service) SECURITY NO.	17. INFORMANT
no	RECORDS: BALTIMORE CITY HOSPITALS
18. / / 2 2 1 CAUSE OF D	4940 EASTERN AVENUE #21224
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	CAUSE PNEUMONIA 10 days
(This does not mean the mode of dying, e.g., DUETO, OR	AS A CONSEQUENCE OF:
heart failure, asthenio, etc. Il meons the discose, injury or complication which caused deoth.)	TO A GOTTOL OI,
ANTECEDENT CAUSES	CVA
	AS A CONSEQUENCE OF:
rise to the above cause IA) stoting the	AS A CONSEQUENCE OF:
UNDERLYING CONDITION last. (C)	H.USCVD
,	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
19A-DATE OF OPERATION WAS PERFORMED WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
TO A CONTRACT OF INJUST (S.	g, in or about 21C, WHERE DID (If In Baltimore City, give exact location) office bidg., INJURY OCCUR?
	21F. HOW DID INJURY OCCUR?
(APPROX) While At Not V	Vhile —
Wark L At W	
22. 1 certify that (1) (this hospital) attended the deceased fram	8/28/60 1968 to 6/10 1969
that (1) (we) last sow the deceased alive on 6/10	19ond that in (my) (60) opinion death accurred an the date
and hour and from the couses stated above. (1) (We) (did) (did nat) view the bady after death.
23A, SIGNATURE	238, DATE SIGNED
1/217 Les -1. 1/4438/2010/11/11	Attending Med. Stoff Phys. D 6/10/69
23C.PHYSICIAN'S NAME (Type)	23D. ADDRESS
ROBERT A ROSENBAUM M.D.	BCH 4940 EASTERN AVENUE #21224
A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF	
The state of the s	CREMATORY 24D. LOCATION (City, town, or caunty) (Stote)
Burial 6-13-69 Carver Memoria	(Stole)
Carver Hemoria	1 Park Laurel, Maryland
CGIVEI NEMOTIC	(Stole)



IMPORTANT

DIRECTOR:

FUNERAL



40	20	DALIII	NOKE	CILLI	HEALIH	DEFARIA	VELAI
 		- 4 .			-		

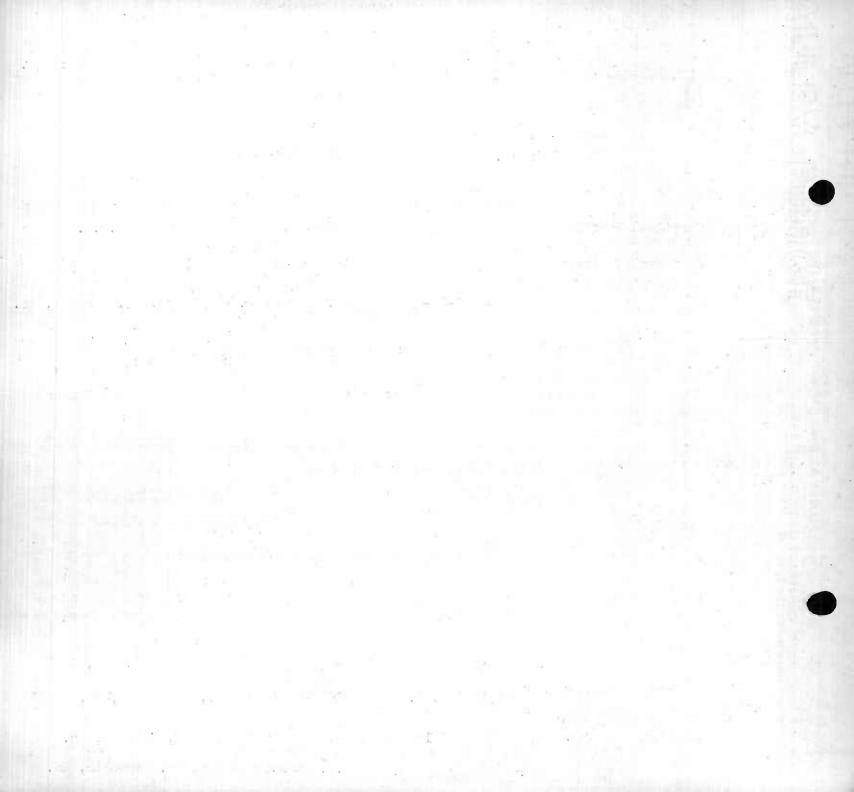
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH REG NO	1
---------	------------	-------------	----	--------------	---

1. NAME OF DECEASED (Type or Print)	BESSIE (HEL	TON P. Killman	2. DATE Knawn C	Month Day	y Year	Haur							
4. PLACE IN BALTIMORE, MARYLA		IOUNCED DEAD	3. DATE PRONOUNCED DEAD	Month Doy	Year 13, 1969	8:50 P.M.							
OR INSTITUTION 200 E.	Preston S	treet	5. USUAL RESIDENCE (Where A. STATE Maryland	deceosed lived. If ins B. COU		pefore admission)							
6. SEX 7. RACE		☐ NEVER MARRIED ☐	C. CITY OR TOWN	D. INSI	IDE CITY LIMITS?								
Female White	WIDOWED		Baltimore		YES X	NO O							
	birthdoy) Mo	Under 1 Yr. If Under 24 Hrs. nths Doys Hours Min.	E. STREET AND NUMBER										
11. BIRTHPLACE (State or foreign co	40 II.	CITIZEN OF	200 E. Pre	ston Stree	e C								
Hutton, Maryland		WHAT COUNTRY?	Raymond Kisne	r									
4A.USUAL OCCUPATION (Give kind dane during most of working life, even if	l of work 14B. KIND OF	BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAM Iva Howdershe										
16. WAS DECEASED EVER IN U.S. (Yes, no ar unknawn) (If yes, give war o	ARMED FORCES?	17. SOCIAL SECURITY NO. 212-28-4742	18. INFORMANT Raymond Reall	Route 3, 1	ADDRESS Box 326A,	Sykesville							
19.4104		CAUSE OF DEAT			AF	PROXIMATE INTERVAL							
DISEASE OR CONDITIO	N DIRECTLY	Arterioso	lerotic cardiova	scular dis		LEIT ORDET AND DEATH							
LEADING TO DE	ATH	(A)IMMEDIATE C	AUSE										
(This does not meon the mod heort failure, asthenio, etc. It m Injury or complication which co	eans the disease,	DUE TO, OR A	S A CONSEQUENCE OF:										
ANTECEDENT CAU													
DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE	(A) STATING THE	DUE TO, OR A	AS A CONSEQUENCE OF:										
Z UNDERLYING CONDITION	LAST.	(C)											
OTHER SIGNIFICANT CONDITI	ONS CONTRIBUTING	G											
TO THE DEATH BUT NOT RELA	ATED TO THE TERMINA			en des des seu des seu des seu des des des des des des des vers des seu des des des des des diffe									
DISEASE OR CONDITION GIV		R WHICH OPERATION WA	S PERFORMED		21. AUTO	PSY? (Yes or No)							
O						Yes							
22A. EXTERNAL CAUSE WAS		.PLACE OF INJURY(e.g., ne, farm, factory, street, office	n or obout 22C. WHERE DID (I bldg., etc.) INJURY OCCUR?	f In Boltimore City, g	ive exact lacotion)								
UTING CAUSE OF DEATH.	/V\ /U\	22E.INJURY OCCURRED	22F. HOW DID INJ	URY OCCUR?									
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) OF INJURY (APPROX.)			WHILE D			23.							
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) OF INJURY (APPROX.) 23.	m.	WHILE AT NOT AT W	ORK L										
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) OF INJURY (APPROX.) 23. I certify that I held	m.	WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	opsy 🛣 ond that on the	is basis, death i									
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) OF INJURY (APPROX.) 23.	m.	WHILE AT NOT AT W	opsy X and that on the	Indetermined man									
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) OF INJURY (APPROX.) 23. I certify that I held	m.	WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	opsy ond that on the Homicide U CHIEF MEDICAL EX	Indetermined man		DATE SIGNED							
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) OF INJURY (APPROX.) 23. I certify that I held resulted from: Nature ACTUAL SIGNATURE EXAMINER'S Cha	on Inquiry are courses to	WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	opsy X and that on the	Indetermined man									
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) OF INJURY (APPROX.) 23. I certify that I held resulted from: Nature ACTUAL SIGNATURE EXAMINER'S NAME (Type)	on Inquiry oral couses of the couses of the couses of the couses of the couse of th	WHILE AT NOT AT W Inspection Aut Accident Suicid	opsy ond that on the Homicide U CHIEF MEDICAL E) ASSISTANT MEDICAL E) ASSOCIATE MEDICAL E)	Andetermined mark KAMINER KAMINER KAMINER KAMINER	nner 🔲	, 1969							

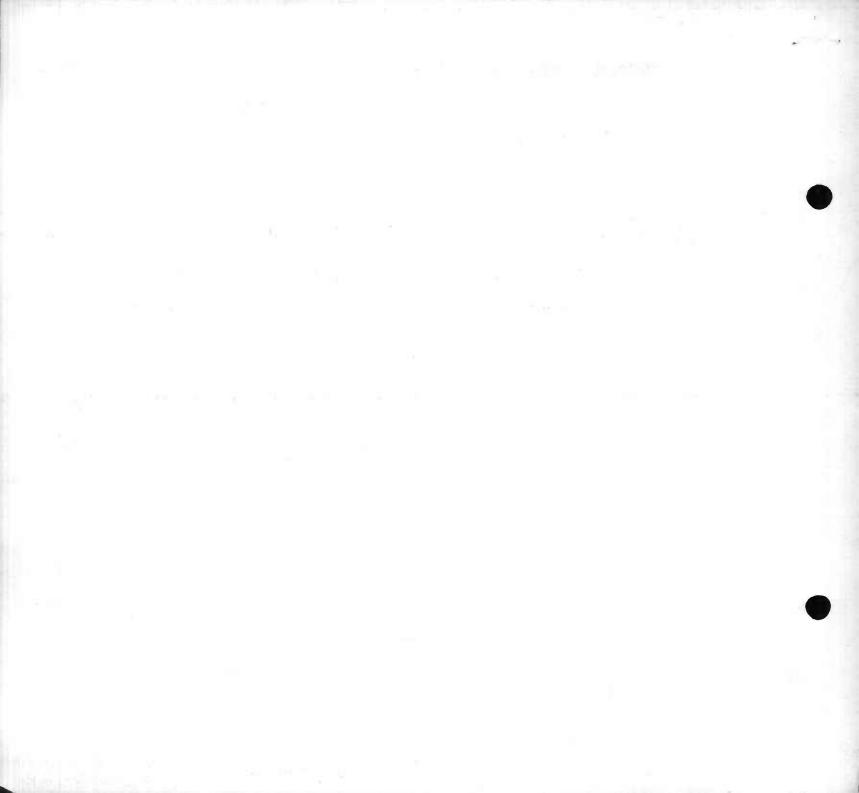
VS 151-REV. 1/1/68

-5012 the feet of the first that the first paramina tientaria

Type or Print)	NELLIE GR	ACE TON	TEC		AND HOUR OF DEATH		
				June	9, 1969	nstitution: residence before odmission	
FULL NAME OF	F (IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	A. STATE B. CO Maryland C. CITY OR TOWN	UNTY	IDE CITY LIMITS?	
ISTITUTION			Baltimore YES NO				
41)	Gould Conv	nt Home	E. STREET AND NUMBER				
1	6116 Belai	r Rd.		6116 Belair	Road		
SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF SIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. Il Under 24 Hrs Months: Doys Hours Min.	
Female	White	WIDOWED		?	80 yrs ?		
	CUPATION (Give kind of work of working life, even il retired)	108, KIND O	F BUSINESS OR INDUSTRY	11. SIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTR	
	al Nursing			Maryland		U.S.A.	
3. FATHER'S NA	AME			14. MOTHER'S MAIDEN N	IAME		
John Wes	sley Garner			Delia Buck			
5. Was Decease	ed Ever in U.S. Armed For	cos?	1 6. SOCIAL	17. INFORMANT ADDRESS			
Yes, no or unknow	vn) (If yes, give wor or dote	s of service)	213-34-5598	Man Damhana	T Hammbarassa	St Transla Wa	
18. / 0			CAUSE OF DEAT		J. Humphreys	s, St. Leonard, Md.	
			(8)	asis		8 Months	
OTHER SIGN TO THE DE	OR CONDITIONS, if the above couse (A) NG CONDITION lost. I I II I I I I I I I I I I I I I I I	Stating The NTRIBUTING HE TERMINAL RT 1 (A).	(c)A S C V	A CONSEQUENCE OF: Disease			
OTHER SIGN TO THE DEAD TO THE	the above couse (A) NG CONDITION lost. II IIIFICANT CONDITIONS COINT CONDITION GIVEN IN PAR OF OPERATION 198. CON WAS PER	Staling The NTRIBUTING HE TERMINAL IT I (A). IT OF THE TERMINAL TO THE TERMIN	(C)A S C V	A CONSEQUENCE OF:	No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?	
NO OTHER SIGN OTHER SI	the above couse (A) NG CONDITION lost. II IIIFICANT CONDITIONS COINT CONDITION GIVEN IN PAR OF OPERATION 198. CON WAS PER	NTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR FORMED NOMA Of	A S C V WHICH OPERATION Uterus B. PLACE OF INJURY (e.g., in the form, foctory, street, of the foctory, street, of the form, foctory, street, of the foctory and the foctory an	A CONSEQUENCE OF: Disease	(tl in Boltimor		
OTHER SIGN OTHER SIGN OTHER DE- DISEASE OF 19A. DATE OF 1	the above couse (A) NG CONDITION lost. II IIIFICANT CONDITIONS COL ATH BUT NOT RELATED TO TI CONDITION GIVEN IN PAR OF OPERATION 198. CON WAS PERI CACCI LENT WAS UNDERLYING SUTING CAUSE OF	NTRIBUTING HE TERMINAL IT 1 (A). DITION FOR FORMED TOMA Of Hour) 21E (Hour) 21E	A S C V WHICH OPERATION Uterus B. Place of injury (e.g., ine, form, foctory, street, of	Disease 20A. AUTOPSY? (Yes or NO nor obout 21C. WHERE DID INJURY OCCUR?	(tl in Boltimor	FINDINGS CONSIDERED USES OF DEATH?	
OTHER SIGN OTHER SIGN OTHER SIGN OTHER DISEASE OR OTHER SIGN OTHER	The above couse (A) NG CONDITION lost. II IIFICANT CONDITIONS COL ATH BUT NOT RELATED 10 11 CONDITION GIVEN IN PAR OF OPERATION 198. CON WAS PERI 1968 Carci LENT WAS UNDERLYING BUTING CAUSE OF	NTRIBUTING HE TERMINAL IT 1 (A). DITION FOR FORMED TOMA Of Hour) 21E (Hour) 21E	A S C V WHICH OPERATION Uterus B PLACE OF INJURY (e.g., in the form, foctory, street, of the foctory) INJURY OCCURRED Not While	Disease 20A. AUTOPSY? (Yes or NO nor obout 21C. WHERE DID INJURY OCCUR?	(tl in Boltimon	FINDINGS CONSIDERED USES OF DEATH?	
OTHER SIGN TO THE DE. DISEASE OR 19A. DATE OF 19A. DATE OF 19A. DATE OF INJURY (APPROX.) 22. I certif that (I) (we ond haur a	the above couse (A) NG CONDITION lost. IIIIICANT CONDITIONS COLOR ATH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR OF OPERATION 198. CON WAS PERI CAYCE LENT WAS UNDERLYING BUTING CAUSE OF Ity medical examiner) (Month) (Doy) (Year) Ty that (I) (this hospital e) last saw the decease nd from the causes state	NTRIBUTING HE TERMINAL til 1 (A). DITTON FOR FORMED TOMA Of Hour) (Hour) (Hour) 21E Wh Wc	A S C V WHICH OPERATION Uterus B PLACE OF INJURY (e.g., in, form, foctory, street, of the control of the control of the deceased from A. May 9.	Disease 20A. AUTOPSY? (Yes or No nor obout 21C. WHERE DID lice bidg., INJURY OCCUR?	injury occur?	FINDINGS CONSIDERED USES OF DEATH? re City, give exoct locotion) 19 69	
OTHER SIGN TO THE DE. DISEASE OR 19A. DATE OF 19A. DATE OF 19A. DATE OF 19A. DATE OF INJURY (APPROX.) 21. I certifithat (I) (we	the above couse (A) NG CONDITION lost. IIIIICANT CONDITIONS COLOR ATH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR OF OPERATION 198. CON WAS PERI CAYCE LENT WAS UNDERLYING BUTING CAUSE OF Ity medical examiner) (Month) (Doy) (Year) Ty that (I) (this hospital e) last saw the decease nd from the causes state	NTRIBUTING HE TERMINAL til 1 (A). DITTON FOR FORMED TOMA Of Hour) (Hour) (Hour) 21E Wh Wc	A S C V WHICH OPERATION Uterus B PLACE OF INJURY (e.g., in foctory, street, of the control of the deceased from At Work the deceased from At Work May 9 (I) (We) (did) (did not) v	Disease 20A. AUTOPSY? (Yes or No nor obout 21C. WHERE DID 16 16 16 16 16 16 16 16	injury occur? 1969 ta Jury that in (my) (our) api	FINDINGS CONSIDERED USES OF DEATH? re City, give exoct location) 16 9 19 69 Inian death accurred an the da	
OTHER SIGN TO THE DE- TO THE DE- DISEASE OR 19-A. DATE OF APPLIA 21-A. ACCID OR CONTRI DEATH (noti DEATH (noti DEATH (noti DEATH (1) (we ond haur a 23A. SIGNAT	The above couse (A) NG CONDITION lost. II IIIFICANT CONDITIONS COL AITH BUT NOT RELATED TO TI CONDITION GIVEN IN PAR OF OPERATION 198. CON WAS PERI LENT WAS UNDERLYING BUTING CAUSE OF IN medicol exominer (Month) (Doy) (Yeor) Ty that (I) (this hospital e) last saw the decease and from the causes state TURE	NTRIBUTING HE TERMINAL til 1 (A). DITTON FOR FORMED TOMA Of Hour) (Hour) (Hour) 21E Wh Wc	A S C V WHICH OPERATION Uterus B. PLACE OF INJURY (e.g., ine, form, foctory, street, of the deceased from At Work May 9 (I) (We) (did) (did not) v A Attended to the deceased from At	Disease 20A. AUTOPSY? (Yes or No nor obout 21C. WHERE DID lice bidg., INJURY OCCUR? 21F. HOW DID to 19.69 and riew the bady after deat ording x Med. Director	injury occur?	FINDINGS CONSIDERED USES OF DEATH? re City, give exoct location) 19 69	
OTHER SIGN TO THE DE. DISEASE OR 19A. DATE OF 19A. DATE OF 19A. DATE OF INJURY (APPROX.) 22. I certif that (I) (we ond haur a	the above couse (A) NG CONDITION lost. IIIIII NOT RELATED TO TI CONDITION GIVEN IN PAR DF OPERATION 198. CON WAS PERI CATCLE LET WAS UNDERLYING BUTING CAUSE OF Ity medical examiner) (Month) (Doy) (Year) Ty that (I) (this haspital e) last saw the decease and from the causes state FURE Libert (Libert (Libert)	NTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR FORMED NOMA Of Hour) (Hour) attended to ded allive an ted above. (A S C V WHICH OPERATION Literus B. PLACE OF INJURY (e.g., inne, form, foctory, street, of other parts of the deceased from At Work the deceased from At Work May 9 (I) (We) (did) (did not) v Attended to the deceased from Attended to the dece	Disease 20A. AUTOPSY? (Yes or No nor obout 21C. WHERE DID lifee bidg., INJURY OCCUR? 21F. HOW DID to pril 10	INJURY OCCUR? 1969 ta Jun that in (my) (owe) api	FINDINGS CONSIDERED USES OF DEATH? re City, give exoct location) 16 9 19 69 Inian death accurred an the day 238, DATE SIGNED	
OTHER SIGN TO THE DE- TO THE DE- TO THE DE- DISEASE OR 19 A. DATE OF APPROX.) 21 A. ACCID OR CONTRI DEATH (notic) 21 D. TIME OF INJURY (APPROX.) 22. I certifither (I) (we ond haur a care) 23 A. SIGNAT 23 C. PHYSICI NAME	THE CONDITION (Part) INFICANT CONDITION IOST. INFICANT CONDITIONS COLORITH BUT NOT RELATED TO	NTRIBUTING HE TERMINAL IT 1 (A). DIMON FOR FORMED NOMA Of (Hour) 21E WW Wc t) attended to ed alive an ted above. (Artigi	A S C V WHICH OPERATION Literus B. PLACE OF INJURY (e.g., inne, form, foctory, street, of other parts of the deceased from At Work the deceased from At Work May 9 (I) (We) (did) (did not) v Attended to the deceased from Attended to the dece	Disease 20A. AUTOPSY? (Yes or No nor obout 21C. WHERE DID 16 16 16 16 16 16 16 16	injury occur? 1969 to Jun that in (my) (our) api h. Shaff Phys. ld Ave., Balt	FINDINGS CONSIDERED USES OF DEATH? THE GRAPH STATE SIGNED June 9, 1969	
OTHER SIGN TO THE DEAD DISEASE OR 19A. DATE OF ROME OF INJURY (APPROX.) 23C. PHYSICINAME 23C. PHYSICINAME	The above couse (A) NG CONDITION lost. II IIIFICANT CONDITIONS COLATH BUT NOT RELATED TO	NTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR FORMED NOMA Of Hour) (Hour) attended to ded allve an ted above. (Artigi 24C. N	A S C V WHICH OPERATION Uterus BPLACE OF INJURY (e.g., in, form, foctory, street, of the deceased from At Work The deceased f	Disease 20A. AUTOPSY? (Yes or No No No In or obout 21C. WHERE DID It is bidg., INJURY OCCUR? 21F. HOW DID It is bidg. 22F. ADDRESS 2305 Mayfie	injury occur? 1969 to Jun that in (my) (our) api h. Shoff Phys. ld Ave., Balt	FINDINGS CONSIDERED USES OF DEATH? re City, give exoct location) 19 69 Inian death accurred an the da 238 DATE SIGNED June 9, 1969 Limore, Md. 21213 ity, town, or county) (State)	

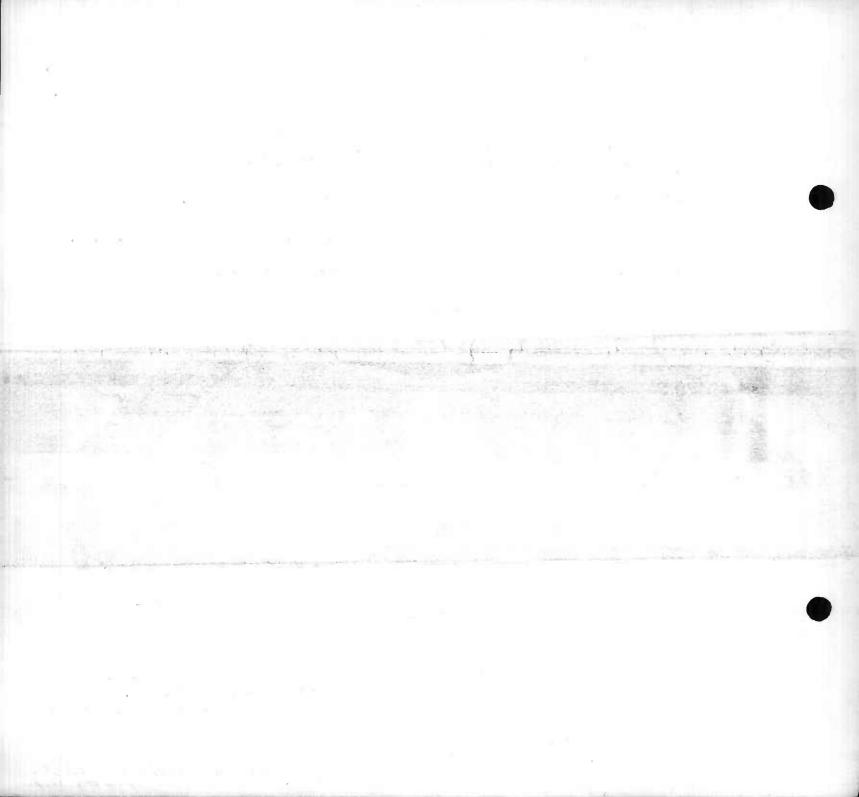


	VI - 5 ()()	Y HEALTH DEPARTMENT ATE OF DEATH REG. NO.	69 6017
1,	NAME OF DECEASED	2. DATE AND HOUR OF, DEATH	40
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	6 112/6 g	1 TO A. M.
F	JIL NAME OF STREET ADDRESS OR LOCATION) JIL NAME OF ADDRESS OR LOCATION	A. STATE B. COUNTY HOWARD C. CITY OR TOWN	CITY LIMITS?
	linersiling Hospital.	Clenwood . YE	ES NO
	38	Clenwood, Md	
	SEX MARRIED NEVER MARRIED DIVORCED DIVORCED	1/4/02 /7	Under 1 Yt. If Under 24 Hrs. onths Days Haurs Min.
do	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY ne during most of working life, even if retired)	11. BERTHPLACE (State or fareign country)	2. CITIZEN OF WHAT COUNTRY?
1	Physician Physician	HLABAMA	U.S.A.
	Nicholas N. Vann	14. MOTHER'S MAIDEN NAME May de Cox	
15. (Ye	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 16. SOCIAL 16. SECURITY NO.	17. INFORMANT	ADDRESS
	NO -	MARY B. VANN - SAME AS	#4
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	P. 1: P. 1 + 0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	(A)IMMEDIATE CAU This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease		use
	injury or complication which caused death.) ANTECEDENT CAUSES Status	follow Premanentes for Carein	and leng
1	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS	A CONSEQUENCE OF:	
	underlying condition lost. (c)	presente la circo Carolia	i arely so
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	ia dy (Post-xreeter) Empye	ma
ERTIFIC	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED.	20A. AUTOPSY? (Yes or No.) 20B, IF YES, WERE FIND IN CERTIFYING CAUSES	INGS CONSIDERED
CALC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY leaguing OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21B. PLACE OF INJURY leaguing form, foctory, street, of etc.)	n or about 21 C. WHERE DID (II In Baltimore Cit	ty, give exact location)
MEDI	21D-TIME (Month) IDoy) (Year) IHoud 21E INJURY OCCURRED OF INJURY (APPROX.) While At Not While Work	21F. HOW DID INJURY OCCUR?	
	22. I certify that (1) (this hospital) attended the deceased from	5/2/ 19/9/10	6/12/2011
	that (1) (we) last saw the deceased alive on	2 19 69 and that In (my) (our) opinion	death occurred on the date
	and haur and from the causes stated above. (1) (We) (did) (did not) vi	lew the body after death.	
	23A. SIGNATURE MO Attor	nding Med. Staff Z	DATE SIGNED
		3D. ADDRESS	0/12/04
24/	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CRE	MATORY 124D. LOCATION (City, to	Balto, Md.
10.00	BURIAL 6/14/69 MONACACY	1	Non, or county) MD, (State)
The state of	UN - 6 1969 Joseph E. 258. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR SONS 5130	
VS.	150-REV. 1/1/68	1004	SHINGLOW D.G.

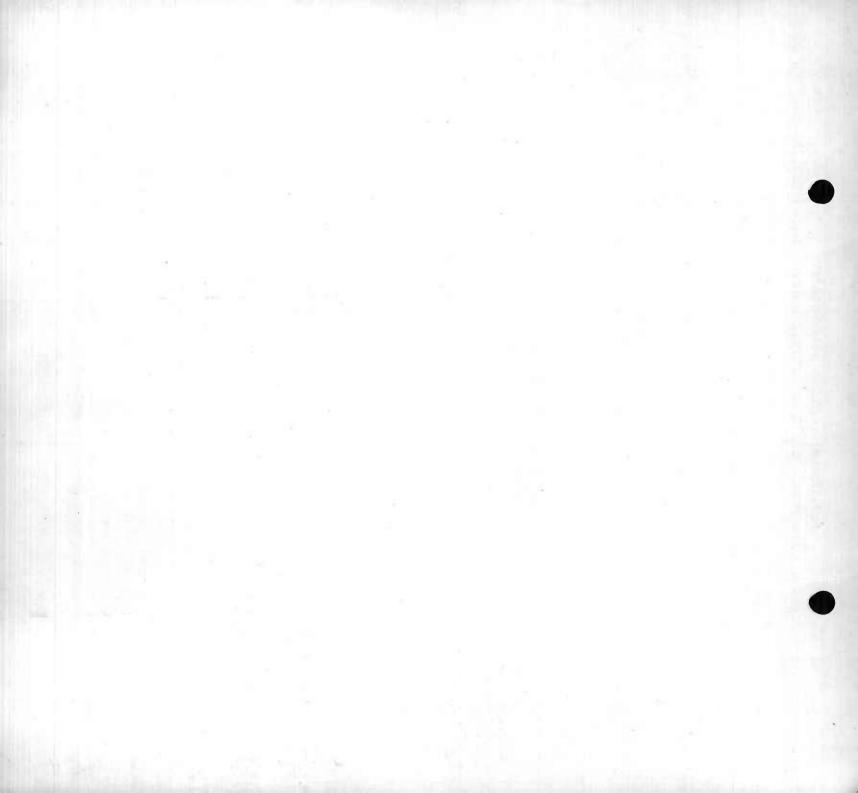


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

11)-1155	69	6018		HEALTH DEPARTMENT		69 6018
BIRTH NO.	00	0019	CERTIFICA	TE OF DEATH	REG. NO	00 0010
1. NAME OF DECE		2.4			NO HOUR OF DEATH	
	Caroline Wil				-1 2 -69	10:00 p. A
3. PLACE IN BALII	MORE MARYLAND, WH	ERE PRONOUNC	ED DEAD	A. STATE B. COUN	re deceosed lived. If i ITY	nstitution; residence before admission
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPITAL ADDRESS OR LOCAT	OR INSTITUTIO	N, GIVE STREET	Maryland		15-05
INSTITUTION	Provident Ho			C. CITY OR TOWN Baltimore		SIDE CITY LIMITS?
20	1514 Divisio			E. STREET AND NUMBER	3	YES 🗵 NO
0/	Baltimore. M		21217		ghton Avenue	9
5. SEX 6			NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr. II Under 24 His.
Female	Negro	WIDOWED	DIVORCED	3-26-92	lost birthday) 77 vrs.	Months Doys Hours Min.
10A. USUAL OCCU	ATION (Give kind of work)(orking life, even if refired)	B. KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF WHAT COUNTRY
Unemploye		non	T.	Baltimore, Man	auland	TT S A
13. FATHER'S NAM		700 14	=	14. MOTHER'S MAIDEN NA	ME	U.S.A.
Line	Krown			MATTE BE	POV	
	ver in U. S. Armed Force If yes, give wor or doles	s? 16.	SOCIAL	17. INFORMANT	ANY	ADDRESS
N/s	ir yes, give wor or goies		SECURITY NO.	Rosemary Garri	ison (Daugr	nter) Same
120	,91	kT.	6-03-5845 CAUSE OF DEATH			APPROXIMATE INTERVAL
DISEASES OR rise to the UN DERLYING OTHER SIGNIFICATION TO THE DEATH DISEASE OR COLUMN TO THE DEATH OR CONTRIBUTE		y, giving lating the RIBUTING TERMINAL (A). TON FOR WHICK RMED	(B) DUE TO, OR AS (C)	SE BUGBLES EA A CONSEQUENCE OF: 20A-AUTOPSY7 (Yes or No No 1 or obout 21C, WHERE DID ince bidg, INJURY OCCURT) 208, IP YES, WERE IN CERTIFYING CA (If in Baltimon	FINDINGS CONSIDERED
OF INJURY (APPROX.)		While At	Not While			
that (I) (we) II and haur and I 23A. SIGNATURE 23G. PHYSICIAN NAME (Typ	inia y- +	attended the de	eceased from 6-4 6-17-69 e) (did) (did not) vi	19 and the lew the bady after death. adding Med. Director 13D. ADDRESS Provide:	Staff Phys. D Hospital	
Parial CREM. REMOVAL ISPO		24C. NAME	O, M. D DEGREE OF CEMETERY OF CRE Cathellas	MATORY 24D, LO		timore, Maryland ity, town, or county) (Stotel
JUN 16	1969 Paber	8. NAME OF he	100 PL 10	. 0 0		ma alloh st.
S 150-REV. 1/1/68						



010-			HEALTH DEPARTMEN	NT .	CO CO40 (1)
P-625 69	6019	CERTIFICA	TE OF DEAT	H REG. NO	69 6019 4
NAME OF DECEASED Type or Print)	RKINS		2. DA	TE AND HOUR OF DEATH	7 30
3. PLACE IN BALTIMORE, MARYLAND,		NCED DEAD	4. USUAL RESIDENCE	Where decoosed lived. If in	stitution: residence before admission)
	TAL OR INSTITU	TION, GIVE STREET	A. STATE B. C MD. C. CITY OR TOWN BALTIMON		DE CITY LIMITS? YES NO
2025 u	. FAYET	te st.	E. STREET AND NUME		BALTIMORE Mod 2122
SEX 6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.
MALE NEGRO	WIDOWED	DIVORCED	5/29/69	lost birthdoy)	8 10
OA. USUAL OCCUPATION (Give kind of wo		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
one during most of working life, even if retired			BALTIMO	RE, Md.	U.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
			ELLA	PERKINS	
S. Wos Deceosed Ever in U. S. Armed Fo	orces?	1 6. SOCIAL	17. INFORMANT	0 0	ADDRESS
(es, no or unknown) (If yes, give wor or do	tes of Service	SECURITY NO.	HOSO 19	Al Kends	
18-7-7-7-8		CAUSE OF DEATI	17-07-17	11 Jacas	APPROXIMATE INTERVAL
DISEASE OF CONDITION D	IRECTLY				BETWEEN ONSET AND DEATH
LEADING TO DEATH		(A) IMMEDIATE CAU	SE Prom	unturity	
(This does not mean the mode of heart failure, asthenia, etc. It mean		DUE TO, OR AS	A CONSEQUENCE OF:	minu a sag	
injury or complication which couse				V	
ANTECEDENT CAUSE	S	(0)			
DISEASES OR CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the obove couse (A)	stoting the				
STEELING CONDITION 1031.		(C)			
OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING				
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PA	THE TERMINAL	100000000000000000000000000000000000000		*************************	
19A. DATE OF OPERATION 19B. CO		HICH OPERATION	20 A. AUTOPSY? (Yes	or No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. home etc.)	PLACE OF INJURY (e.g., in e.g., lorm, foctory, street, of	n or obout 21C. WHERE Difice bidg., INJURY OCCU	DID (If In Boltimor	e City, give exact facation)
21D. TIME (Month) (Doy) (Yeor	(Hour) 21E.	INJURY OCCURRED	21 F. HOW DI	D INJURY OCCUR?	75-11-11-22-2
OF INJURY (APPROX.)	Whil	e At Not While			
22. I certify that W (this hospite			5/29	19 69 to	5 /29 19 69.
that (M (we) lost saw the deceas		5/29	10 69		nion death occurred an the date
		- CHC \ (10.10			mon deom occurred on the dote
ond haur ond fram the causes st	ated abave. (1)	(We) (did) (did nat) v	iew the bady after de	ath.	23B. DATE SIGNED
Gosphine &	Brune	dar OEGREE Phys	nding Med.	Shaff Phys.	5/29/69
JOSEPHINE G.	BRUNI	44.70	BON	Secours	Hospital
44. BURIAL CREMATION, 248, DATE	24¢ NA	- OEGKEE		4D. LOCATION , CCI	ty, town, or county) (State)
REMOVAL (Specify) 8/4/69	7 /1/3	eters Conet	7	Steets	0
JUN 1 6 1969	25B. NAME O	F REGISTRARO D	25C FUNISAL DIRE	Renny	Aux 1600 Halas
/S 150 BEV 1/1/4B	1			V V	



G-615 BALTIMORE CIT	Y HEALTH DEPARTMENT
BIRTH NO. 69 GOOD CERTIFICA	ATE OF DEATH REG. NO. 69 6020
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
GRIFFIN, DOROTHY CATHER	
3. PLACE IN BALTIMORE, MARYLAND, WHERE FRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, II institution: residence before odmission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND Balto, CO. 53-00 C. CITY OR TOWN D. INSIDE CITY LIMITS?
40 ST AGNES HOSPITAL	BALTIMORE YES NO
	5659 CHELWYND ROAD 21227
5. SEX 6. RACE 7. MARRIED NEVER MARRIED FEMALE WHITE WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In yeors II Under 1 Yr., II Under 24 Hrs. Months; Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even it refired)	
HOUSEWIFE	MARYLAND USA
	14. MOTHER'S MAIDEN NAME
JOHN T.V. MAGUIRE	MARY C (HARTMAN)
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown! (If yes, give war ar dates of service) 16. SOCIAL SECURITY NO.	John D. Griffin 5659 Chelwynd Rd. 21227
No 217-26-0168	ST AGNES RECORDS-BALTO MD 21229
18. CAUSE OF DEA	TH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH This does not meen the mode of dying, e.g., (A)	
heart failure, asthenia, etc. It means the disease.	A CONSEQUENCE OF:
injury or complication which caused death.) ANTECEDENT CAUSES	& Council to Parker of Constit Anter oversom
(a) quapture	or a company of the contract o
rise to the abave cause (A) stoling the	S A CONSEQUENCE OF:
UNDERLYING CONDITION last. (C)	***************************************
z II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 121B. PLACE OF INJURY (C. C.)	
U 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED
6/11/69 WAS PERFORMED	NO IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF CAU	
21D. TIME (Month) (Day) (Year) (Haur) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(A PPROX.) While At Work At Work	le 🔲
22. I certify that (1) (this hospital) attended the deceased from	JUNE 5 19 69 to JUNE 12 19 69
that N) (we) last saw the deceased office on JUNE 12	1969 and that in (my) (our) opinion death occurred on the date
and hour and from the causes stated above. () (We) (did) (d(d/n)(t) v	rlew the body ofter death.
	23 B. DATE SIGNED
OR OF THE PARTY OF	onding Med. Staff Med. Director Phys. 12 69
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
Komualdo K. Vator, M.V. DEGREE	ST AGNES HOSP. CATON & WILKENS AVE
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of CR	tony, tony of contry
Burial 6-16-69 Loudon Park Cem	
JUN 1 6 1969 Robert E Harby Rd. 7 0	Howard H. Hubbard 4107 Wilkens Ave. 21229
VS 150-REV. 1/1/68	



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and ase the the	Bi L.	NA
ital on on the	3.	PL.
approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death fany nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased I (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such se obtained before the remains are embalmed or final disposition is made.	FI	SEX Wood of TO DISTORT OF THE PROPERTY OF THE
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FUNERAL DIRECTOR: IMPORTANT he chief medical examiner or his assistant if by a medical examiner. Also, if the dire (2) Body burns; (3) A fracture of any kind; (4) re the physician who pronounced death physician was in regular attendance on tore the remains are embalmed or final disp		
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ifice (A. A. d pr	24A	
his certificate must be a he body was released to hows: (1) An accident of vas D.O.A. at a hospital leceased prior to death) vritten approval must be		RI
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	25A	. D
F + 4 > 0 >		

1	5-455		HEALTH DEPARTMENT	1	69 6021
	IRTH NO. 69 602	CERTIFICA	TE OF DEATH	REG. NO.	3000
	NAME OF DECEASED	Skil	1 1	D HOUR OF DEATH	6.116.014
3	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU	INCED DEAD		deceased lived. Il incl	itution: residence before admission)
F	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	,	A. STATE B. COUN C. CITY OR TOWN	Baltimore	E CITY LIMITS?
38	University of Md. Hos	pifol	E. STREET AND NUMBER	enwood An	YES NO D
	Male Caux WIDOWEDT	DIVORCED	9/22/49	./0/	Il Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
do	A. USUAL OCCUPATION (Give kind of work 108, KIND OF one during most of working life, even II refired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fare)	gn country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME WILLIAM NOOL SKILLING	1	4. MOTHER'S MATOEN NAM	Belcher	L U N
15. (Ye	was Deceased Ever in U. S. Armed Farces? es.ga.pr unknown) III yes, give wer or doles of service) NBS Lec. 1968 - Jan 1969	SECURITY NO.	7. INFORMANT.	record	ADDRESS
-	18.0 0 7 9	ÇAUSE OF DEATH	Father		asabere
	DISEASE OR CONDITION DIRECTLY	PAGE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES	(A) IMMEDIATE CAUS	E REUMONIA	, + pulm em	bolies 2 weeks
	DISEASES OR CONDITIONS, if any, giving	(B) DUE TO, OR AS A	CONSEQUENCE OF:	*************	
	rise to the above cause (A) stating the UNDERLYING CONDITION last.	(c)			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************			
CERTIFICATION	19A-DATE OF OPERATION 198 CONDITION FOR WE WAS PERFORMED	TICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN IN CERTIFYING CAUSI	DINGS CONSIDERED
MEDICAL C	OR CONTRIBUTING CAUSE OF home, DEATH (notify medical examiner)	LACE OF INJURY (e.g., in a lorm, lactory, street, affic	or about 21C. WHERE DID	(If In Baltimore C	ilty, give exact lacation)
MED	21D-TIME (Manth) (Day) (Year) (Haur) 21E OF INJURY While Work	At Not While Al Work	21F. HOW DID INJU	RY OCCUR?	1
	22. I certify that (1) (this hospital) attended the			69 10 6/	1967
	that (i) (we) last saw the deceased alive an	0///69	19and tha	In (my) (our) opinia	n death occurred on the date
	and hour and fram the causes stated above. (1)	(me) (did) (did not) vie	w the body after death.	100	DATE CIONED
	mehael & toner	Attend Phys.	Director L. P	toff hys.	B, DATE SIGNED
244	PLICHAEL B TROAD	ER Of Decree	D. ADDRESS	Hop	. 1 1 /
	Burial 6-14-1969 Ho	oly Redeemer C	eme terri		ty Md.
2\$A	JUN 1 6 1969 Rober E. Jak	REGISTRAR ()			Belair Road 21236



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IMPORTANT

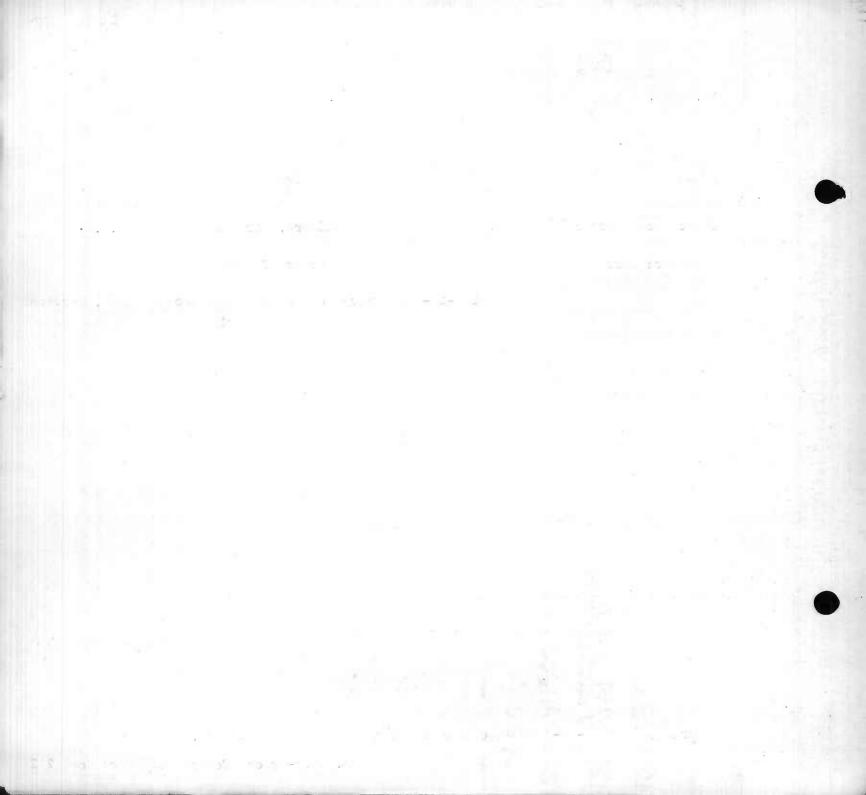
FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

VS 150-REV. 1/1/68

Haight, Sykesville, Md. Luther H.

m				Y HEALTH DEPARTMEN		co coso
BIRTH NO.	65	60%	3 CERTIFICA	TE OF DEAT	H REG. NO.	OJ GUZE
1. NAME OF DEC (Type or Print)	EASED REDER	ick	MURR	2. DA	TE AND HOUR OF DEAT	2 40 p
3. PLACE IN BAL FULL NAME OF HOSPITAL OR INSTITUTION 13 3 W 14 August 10 Aug	IGSPITAL OR ADDRESS OR LOCATION)			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission and the state of the sta		
5. SEXM	6. RACE OW	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	6/2/ 8	9. AGE Un years	If Under 1 Yr. If Under 24 Hi Months Days Hours Min.
done during most of Sheet Meta	working life, even if retired) al Worker		F BUSINESS OR INDUSTRY	Baltimore,		U.S.A.
13. FATHER'S NAM Robert				14. MOTHER'S MAIDE Barbara	Thomas	
15. Was Deceased (Yes, no or unknown No	Ever in U. S. Armed Fo (If yes, give war or da	orces? tes of service)	16. SOCIAL SECURITY NO. 214-20-3483A	Maryland Mas	onic Home Coc	Address ekeysville, Maryland
DISEASES OF THE UNDERLYING	ANTECEDENT CAUSE OR CONDITIONS, if e above cause (A) G CONDITION lost, II FICANT CONDITIONS CO	any, giving stoting the	(B) DUE TO, OR AS	My ller &	Redealcu	-4 / 91
IO THE DEAT	TH BUT NOT RELATED TO CONDITION GIVEN IN PA OPERATION 19B. CO WAS PE	ART 1 (A).	WHICH OPERATION	20 A. AUTOPSY? (Yes	or No. 20B. IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?
_ OR CONTRIBL	NT WAS UNDERLYING DITING CAUSE OF medicol exominer	21 B hom etc.	PLACE OF INJURY (e.g., ne, form, foctory, street, o)	in or obout 21C. WHERE I	DID (It in Boltin	more City, give exact location)
21D. TIME OF INJURY (APPROX)	(Month) (Day) (Year)	Wh		le 🗀	D INJURY OCCUR?	6/4 1069
that (1) (we)	lost saw the deceas	sed olive on	6/4		nd that in (my) (our) a	5pinian death occurred an the d
23A. SIGNATI	NE Chei	BRICE	DEGREE Phy	ending Med.	Staff Phys.	23B. DATE SIGNED CP.
24A. BURIAL CRE	MATION, 24B. DATE	24C. N	AME of CEMETERY OF CR	FAAATORY	10.1001	10
Burial			odlawn Cemeter		Baltimore, M	(City, town, or county) (State)

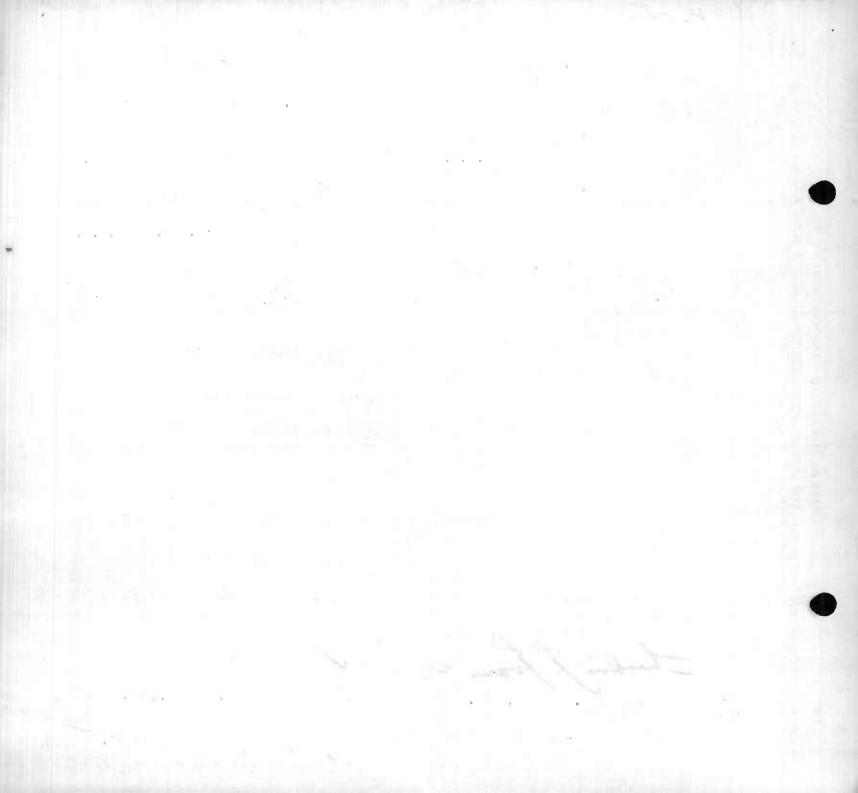


1		BALTIMORE CITY			('5) (100
	4-500 69 6024	CERTIFICA	TE OF DEATH	REG. NO	03 6024
1. N	NAME OF DECEASED MOND	Amzy		HOUR OF DEATH	1.40 p
FUI	PLACE IN BALTIMORE MARYLAND, WHERE PRONOU! LLY NAME OF (IF NOT IN HOSPITAL OR INSTITUTION) SPITUTION LAMBER OF (IF NOT IN HOSPITAL OR INSTITUTION) BUT THE COLUMN STATEMENT OF THE COLUMN STATEMEN		C. CITY OR TOWN E. STREET AND NUMBER	D. INSII	DE CITY LIMITS?
1	Back MD.		21 N. CAR	cy 87	
S. S	6. RACE 7. MARRIED WIDOWED	1 MEA EK IMAKKIED	9/0/07	AGE (In years	Months Doys Hours Min
13.	Was Deceased Ever in U. S. Armed Forces? s, no or upknapun) [If yes, give wor or dates of service]		14. MOTHER'S MAIDEN NAN 17. INFORMANT		eyseADDRESS
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATH	Brongston	Amey surfaction	Balto Md, 212 APPROXIMATE INTERV. BETWEEN ONSET AND DE
	heart failure, asthenia, etc. It means the disease, injury or camplication which coused death.) ANTECEDENT CAUSES	(B) Me	un. elubali	Sm.	I who
ATION	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	(C)	A CONSEQUENCE OF:		The state of the s
U	rise to the obove cause (A) stoting the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR W	(c)		208. IF YES, WERE F	INDINGS CONSIDERED
L CERTIFIC	TISE TO THE OBOVE COUSE (A) STORING THE UNDERLYING CONDITION TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19-A. DATE OF OPERATION 19-B. CONDITION FOR WWAS PERFORMED 21-A. ACCIDENT WAS UNDERLYING 22.B. I	HICH OPERATION		IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?
ICAL CERTIFIC	TISE TO THE OBOVE COUSE (A) STORING THE UNDERLYING CONDITION TO STATE THE PROPERTY OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179. DATE OF OPERATION 1798. CONDITION FOR WWAS PERFORMED 21.A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21.D. TIME (Month) (Doy) (Yeor) (Hour) 21.E.	HICH OPERATION PLACE OF INJURY (e.g., inform, foctory, street, off	20A. AUTOPSY? (Yes or No) or obout 21C. WHERE DID injury Occur?	(If in Boltimore	ISES OF DEATH?
EDICAL CERTIFIC	rise to the obove cause (A) stoting the UNDERLYING CONDITION last.	HICH OPERATION PLACE OF INJURY (e.g., in form, foctory, street, off injury Occurred At Work deceased from (Wa) (did) (dtd not) vi	20A. AUTOPSY? (Yes or No) n or about 21C. WHERE DID fice bldg., INJURY OCCUR? 21F. HOW DID INJU 19 and that iew the bady after death.	(If in Boltimore	ISES OF DEATH?

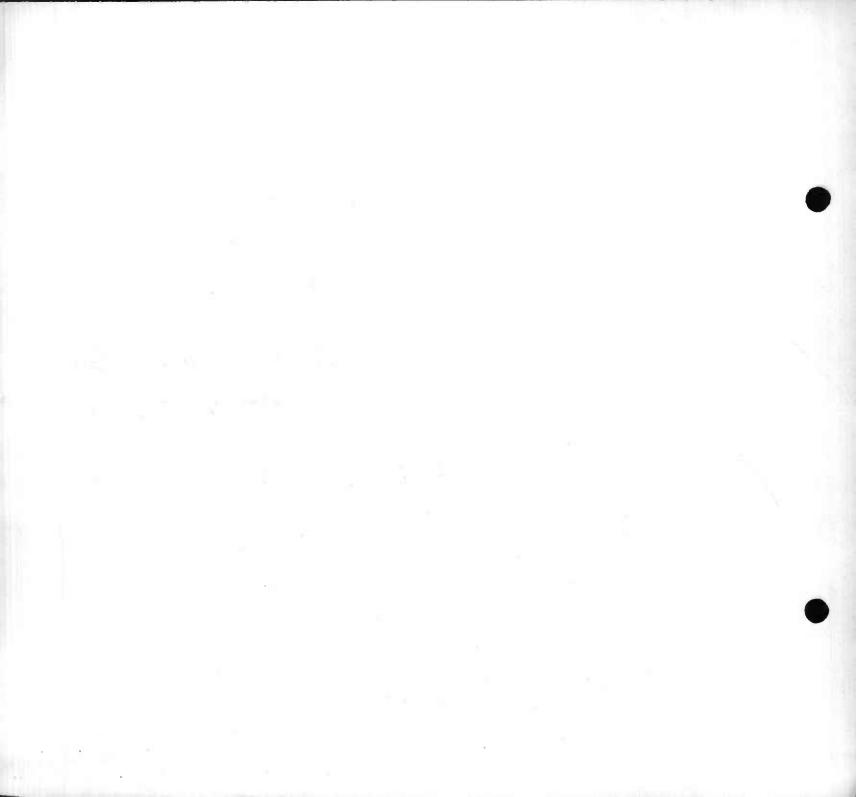
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11 -			BALTIMORE CITY	HEALTH DEPAR	TMENT	. /	62	COSE	
K-50	3 69	6025	CERTIFICA	TE OF DE	ATH	REG. NO	00	6025	b.
BIRTH NO.			OEK THIO, (D HOUR OF DEATH			
(Type or Print)	Anna M. Kn	ri cht	•		Z, DATE AN	6- 4- 196			
3. PLACE IN BA	LTIMORE MARYLAND, V		CED DEAD			e deceased lived. If i	/	esidence before o	dmission)
				A. STATE	B. COUN			527	7
FULL NAME OF HOSPITAL OR	F (IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTITUTION	ON, GIVE STREET	C. CITY OR TOWN	d.	Balto.co.	IDE CITY L	IMITS?	G
NSTITUTION	.T			Baltin		0. 1143	YES 🔀	ПОИ	
22	ohn's Hop	kins Hosp	ital	E. STREET AND			125 [32		
99		D.0	.A.	Cowen	ton Ave	enue White	Marsh	h Md.	
sex Female	6. RACE Cau	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	2-15-189	11	ost bithday 76	If Unde Months	Doys Hours	r 24 Hrs. Min.
	CUPATION (Give kind of wor	10B, KIND OF BU	ISINESS OR INDUSTRY	11. BIRTHPLACE	State or foreig	gn country)	12. CITI	ZEN OF WHAT C	OUNTRY?
lone during most o House	of working life, even if retired).	House	ewife	Whit	o March	n Balto. Co		II C A	
3. FATHER'S NA	AME		011220	14. MOTHER'S M			•	U.S.A.	
	John II	· Messenge	200			737.1	73		
S. Was Decese	ed Ever in U. S. Armed Fo	-		17. INFORMANT		Elizabeth	Reide	ADDRESS 20	
res, no of unknow	(If yes, give wor or dot	as of service)	SECURITY NO. 212-12-95331		ur M. F	Knight Box6	Rt16 H		M
18. 11 4	0.9 1-2	500	CAUSE OF DEATH					APPROXIMATE IN	
DISEA	ASE OR CONDITION DI	RECTLY						BETWEEN ONSET AL	ND DEATH
	LEADING TO DEATH	/	(ANIMMEDIATE CAUS	se pneumo	nia t	erminal			
	nal mean the mode of , osthenio, etc. Il meons		(A) IMMEDIATE CAUS DUE TO, OR AS A	CONSEQUENCE	OF:				
	implication which caused						1,54		
	ANTECEDENT CAUSES		con	gestive	heart	failure			
DISEASES	OR CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE	OF:				••••••
	he obave cause (A)	stoling the	(c) art	erioscle	rosis				
ONDEREIN	10 CONDITION 1031.		(0)						
OTHER SIGN	IFICANT CONDITIONS CO	NTRIBUTING							
TO THE DEA	ATH BUT NOT RELATED TO T	HE TERMINAL	dia	betes					
19A. DATE O	F OPERATION 198. CON	DITION FOR WHI	CH OPERATION	20A. AUTOPSY	? (Yes or No)	20 B. IF YES, WERE	FINDINGS	CONSIDERED	
19A. DATE O	WAS PER					" CEKIIPTING CA	AUSES OF	DEATHS	
. OR CONTRIE	ENT WAS UNDERLYING	21 B, PL	ACE OF INJURY (e.g., in form, factory, street, off	or obout 21 C. WH	ERE DID	(If in Boltimo	re City, giv	e exoct locotion)	
▼ DEATH (notil	fy medical examiner	etc.)	n nes						
21D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21E. IN	JURY OCCURRED	21F. HO	W DID INJU	JRY OCCUR?			
(APPROX.)		While Work	At Not While						
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	y that (I) (t KSOXSOX a)		May 31	oct 29	Industrial I	of In(my) (our) op		th ossumed on	
			10-1			in (my) (our) op	illon deo	III occurred on	1116 0016
	nd fram the causes sto	red obove (I) (POXOCIO (did not) vi	ew the body off	er death.		100 P A 3	TE SIGNED	
23A. SIGNAT	1 8	8	Atter	nding Me	d. 🗀	Staff [
- h	eading &	france.	The DEGREE Phys	. Dire		Phys.	0/	6/69	
23 C. PHYSICI	(Type)		2	3D. ADDRESS	7	D4 D014-	Ma	#21226	
The	odore E. Ev	ans, Md.	DEGREE	9000 Be	lair	Rd.Balto.	· , M.C.	# 21270	
AA. BURIAL CR		24C. NAM	E of CEMETERY OF CRE	MATORY	24D. LC	CATION (C	City, town,	or county)	(Stote)
Buri		969 Camp	Chapel Ceme	terv	P	erry Hall	Balt	to. Mo	1.
	D SY HEALTH DEPT.	258 NAME OF		25C. JUNERA	DIRECTOR)	Val.	ADDRESS	1
THAT	6 1369 Valent	E. Vaiber	MD.			al Home 74	01 Bel	lair Road	91231



VS 150-REV. 1/1/68



53-78-18 NG]	BALTIMORE C	TITY HEALTH DEPARTMENT
	G-650 69 6027 CERTIFIC	CATE OF DEATH REG. NO. DS DOZ
and ath the the	BIRTH NO. 1, NAME OF DECEASED	2. DATE AND HOUR OF DEATH
O O O	(Type or Print)	6-12-69 8:30P m.
of dd dark.	(Kenle) Kenley Green 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
		17-04
F 8 0 0	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR NATION) INSTITUTION Baltimore City Hospital	Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?
cau cau use; tendo	Baltimore City Hospital	Baltimore YES X NO
in a la cause; cause; attend	3 / 4940 Eastern Ave	E. STREET AND NUMBER
ing ing at cat	Baltimore, Maryland #21224	2102 Barclay St. #21218
la ar	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.
med and a second	Male Negro WIDOWED DIVORCED	
o no	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUS	
on en th	dane during most of working life, even if retired)	
or Inde s in	13 CATHERIA NAME	South Carolina USA
if dect was was	13. FATHER'S NAME	14. MOTHER 3 MAIDEN HAME
F + i s + i s i s i s i s i s i s i s i s	Willie Green 15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL	Junaita Whittington
AN stan ind; eath e on al d	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates af service) 16. SOCIAL SECURITY NO.	DCU Poconds: 4940 Eastern Ave
PORTANT is assistant is, if the dir any kind; ced death ndance on	No 248-26-18	Dun necurus:
7 5 5 5 P	1B. O CAUSE OF D	
P is	DISEASE OR CONDITION DIRECTLY	D+ 1 M Paralle
Also of our neter need	LEADING TO DEATH	CAUSE COLCULUM CEL JANCOMA
0 7 2 2 2 2	(This does not mean the made of dying, e.g., DUETO, Of heart failure, osthenia, etc. It means the disease,	AS A CONSEQUENCE OF:
OR: iner. racturacturacturacturacturacturacturactu	injury or camplication which caused death.)	
O Fring o Be	ANTECEDENT CAUSES	
ECT xami xami who who reg	Diseases on contributor, in only, giving	R AS A CONSEQUENCE OF:
	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	A CONTRACTOR OF THE CONTRACTOR
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edical dical dical was was		location parthiomodia
RAI me med phy an ver	O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	gettus engine poeter
FUNERA le chief me by a mec 2) Body bu re the ph) physician ore the re		20 A. AUTOPSY? (Yes or No) 20 B IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
S to Set se		No
	OR CONTRIBUTING CAUSE OF home, form, foctory, street	e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location)
No No be	DEATH (notify medical examiner) etc.)	
od v v v v v v v v v v v v v v v v v v v	21D. TIME (Month) (Day) (Yeor) (Hour) 21E. INJURY OCCURRED While At Not	21F. HOW DID INJURY OCCUR?
ved b hosp natur ept v d (6)	(APPROX.) While At Work Not	While DAY
X Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	22. I certify that (1) (this haspital) attended the declased from	14cm 26, 1969 to 1111 /2 1967.
e du th	that (1) (we) ast saw the deceased alive an	12 19 and that in (my) (aux) of nian death accurred an the date
ust be a dent of ospital death) must be	and hour and from the causes stated above. (1) (We) (did) (did no	23B/QATE SIGNED
ust ide ide de		Attending Med. Staff N
a h	CUTYN O - OCRMAN WEGREE	Phys. Director Phys. A
ov or	23C. PHYSICIAN'S NAME (Tape)	23D. ADDRESS Baltimore, City Hospitals
certificate m sody was reli se. (1) An acci D.O.A. at a b ased prior to		4940 Eastern Ave Baltimore, Maryland #21224
A P P P P P P P P P P P P P P P P P P P	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY o	
This certif the body shows: (1) was D.O deceased written a		Semetery Anne Arundel Cty., Md.
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Wm C March 928 E. North Ave.
This the show was dece	UIN 1 C 1000 Q 0 0 7 0	Wm C March 928 E. North Ave.
	VS 150-REV. 171768 1909 Valent E. Naden Marie	

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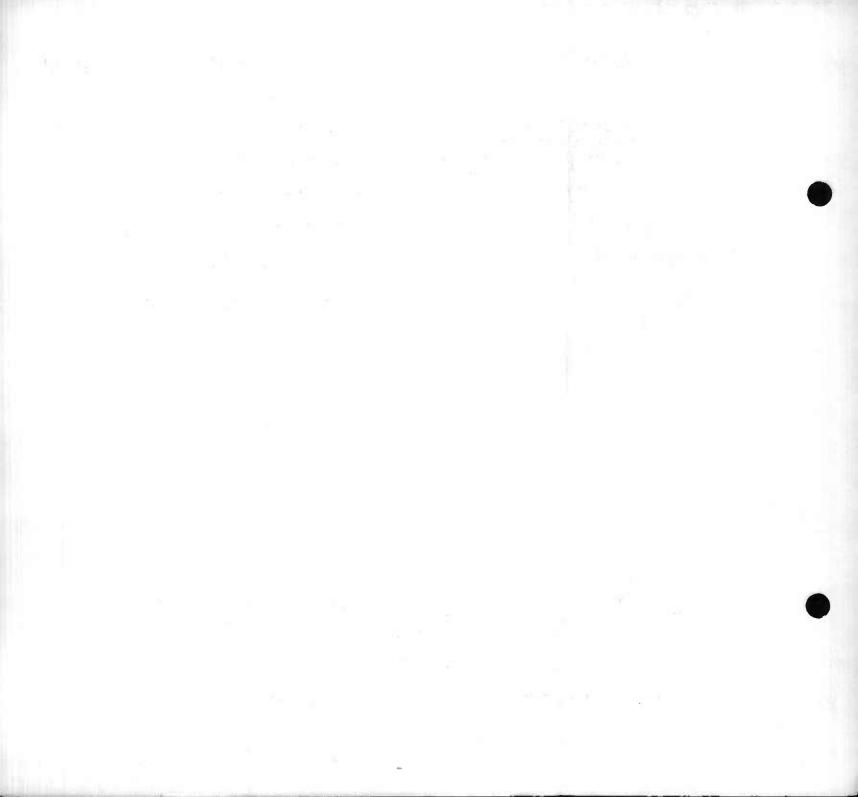
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	n-/52 69 6028 CEL		OF DEATH	REG. NO	69 6	028
	BIRTH NO. 1. NAME OF DECEASED	THEATE		/\		
	Type or Pents	binson	2. DATE AN	ID HOUR OF DEATH	10,25	
	3. PLACE IN BANTIMORE, MARYLAND, WHERE PRONOUNCED DEA	D 4. U	ISUAL RESIDENCE (Whe	re deceased lived. If ins	titution residence b	pefore admission)
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE ADDRESS OR LOCATION)	STREET	ITY OR TOWN	ommerse	8.69	60
	Remiserator Hospital	4	Vestover.	Md B. INSID	YES N	01
ó	Baltimone Marylan		TREET AND NUMBER	2/#/		
300	5. SEX 6. RACE 7. MARRIED NEVER A		ATE OF BIRTH	9. AGE (In years last birthdoy)	If Under 1 Yr. Months Days H	f Under 24 Hrs.
2	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS C	ORCED	10/ 33/03	65		
	done during most of working life, even if retired)		9 La - Store of fores	gn country)	12. CITIZEN OF W	HAT COUNTRY?
Self	3. FATHER'S NAME	14. 1	AOTHER'S MAIDEN NA	ME	9	
aisposition	John Robinson		Henriell	a Com	18h	
6	5. Wes Decessed Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wer or dates of service) SECURIT	17. IN	FORMANT .		ADDRESS	
	NO		Wite			
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	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	JE TO, OR AS A CON	_ // '			
	injury at camplication which caused death.)	-	1-1	, 0	,	
	ANTECEDENT CAUSES	Lacarcera	Ted Small	Bowell		
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	JE TO, OR AS A CO	NSEQUENCE OF:	- 11 to		~ 40
	UNDERLYING CONDITION last. (C)	Urinary	g race	suffection	Rebsi	ella)
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Bladded	piverticuly	me		
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	ro ca u	leve - 1060	eclomy		
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	21A/ACCIDENT WAS UNDERLYING 21B PLACE OF II OR CONTRIBUTING CAUSE OF home, farm, foctor	ry, street, office blo	dg. INJURY OCCUR?	lit to politimore	City, give exact face	ition)
3	DEATH (natify medical examine) DEATH (natify medical examine)	CURRED	21F. HOW DID INJU	JRY OCCUR?		
	(APPROX.) While At	Not While At Work				
3	22. I certify that 417 (this hospital) attended the deceased	Fram 6	1	9 6 1 to 6	///	1969
	that (f) (we) last saw the deceased alive an G	167	.19and the	t in (mer (our) apini	an death accurre	7
	and have and from the causes stated abave. (1) (We) (dtd)	(did not) ylew th	ne bady after death.	1		
	23A, SIGNATURE	Attending [The state of the s	B. DATE SIGNED	
5	23GPHYSICIAN'S	Phys. 23D. At		Staff Phys.	11 June	69
2	MAMERIANS (COROY) 4	17	MANARA A A	1 Hax	utal	/
2	4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEME	TERY OF CREMATO	RY 24D. LO	CATION (City,	tawn, ar county)	(State)
	Burial 6-15-69 Cotton	e-Ctroup.	0 1	stover	D.T.	MI
2	JUNI 6 1969 Tober E. Jaber 12.	1 250	C. FUNERAL DIRECTOR	DO	ADDRE	50
	5 150-REV. 1/1/68		Samuel	Sourg	Krincess	Hme Met

R-20	69	6029		HEALTH DEPAR		REG. NO	69	6029	
BIRTH NO.		4020	CERTIFICA						
(Type or Print)	ROJSZA NEL	LE B				ND HOUR OF DEAT			
3 PLACE IN B	ALTIMORE, MARYLAND, W			Ha HEHAL ASSIGN	JUI	NE 14 196	9	6:45AM	M.
S. PEACE IN BA	LIIMOKS MARILAND, V	MERE PRONOU	NCED DEAD	IIA. SIAIE	B. COUN	e doceosed lived tf	institution:	esidenco before odmi	ission)
FULL NAME O	F (IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTITU	TION, GIVE STREET	MARYL	_AND	Ralf1 (1.	53-0	0
HOSPITAL OR				C. CITY OR TOWN	V	D. IN	ISIDE CITY L	IMITS?	
1/2	ST AGNES H			BALTI	MORE		YES 🗌	NO TX	
40	CATON & WI	LKENS A	VENUE	E. STREET AND I	NUMBER				
	BALTIMORE N	MARYLAN	D 21229	5511	COUN	CIL STREE	Т		
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years		er 1 Yi. , If Under 2	4 Hisa
F	WHITE	WIDOWED	DIVORCED	12/05/1	17	lost birthdoy)	Months	Doys Hours A	√lin.
10A, USUAL OC	CUPATION (Give kind of world		BUSINESS OR INDUSTRY	11. BIRTHPLACE IS	State of force	ion country	lia Citi	ZEN OF WHAT COL	INITRVA
done during most c	of working life, even if refired)	1				· g.i. country;			MIKIT
HOUSEW				MARYL			U	SA	
13. FATHER'S NA				14. MOTHER'S M					
GEORGE	CROOK			NELLI	E BEF	RRETT			
15. Wos Decease	d Ever in U. S. Armod For	ces?	6. SOCIAL	17. INFORMANT				ADDRESS	
	'nl (If yos, give wor or dote	s ol sorvico)	SECURITY NO.	CT ACMES	HOCI	O LADTAN C	171112		0100
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This does	LEADING TO DEATH not meen the mode of	dutar a	(A) IMMEDIATE CAU	ISE VERYOR	uly			~ 2 days	
heorl failure	, osthenia, elc. It meons	the disease,	DUE TO, OR AS	A CONSEQUENCE O)F:				10000
injury or co	mplication which caused	death.)	0 1	+	1	/ .	1		
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ONDERETIN	IG CONDITION 1851.		(C)	y Journa	~				
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= 2//	3 COLO WAS PER	ORMED	•	20 A. AUTOPSY?	1105 01 110	10 CERTIFYING C	FINDINGS AUSES OF I	CONSIDERED DEATH?	
CHARGE	FAIT WAS MAIDEDLVING	dom pai		YES			1ES		
OR CONTROLS	UTING CAUSE OF	home,	LACE OF INJURY (e.g., in form, foctory, street, af	ice bidg., INJURY (ERE DID	(If in Boltime	ore City, give	e exact locotion)	
O I	y medical examinent	no etc.	Paris						
OF INJURY	(Month) (Doy) (Year)	IHour 21E. f	NJURY OCCURRED	21F. HOV	V DID INJ	URY OCCUR?			
(APPROX.)		While							
22 1	.1 . 7/13 / .1	Work	LJ At Work				4 : 4 4 4		
	y that (1) (this hospital					9to06			-
thot () (we) lost saw the decease	d olive on	06/14/69	19	ond the	ot in (p(y) (our) op	Inlon deot	h occurred on the	dote
and hour or	nd from the couses stat	ed obove. (M)	(We) (dld) (dld/not/Vvi	lew the body ofte	er deoth.				
234 SIGNAT		0					23B. DA	E SIGNED	
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23C. PHYSICI	AN'S	1/01	DEGREE Phys.	3D. ADDRESS	CIOT L	Phys.	100	ne 1/10	
MORT	Typel	RG MD		ST AGNES	HOSE	CATON &	WILE	ENS AVE	
110111			DEGREE		11031	CATON &	WILK	LIA2 AAE	
REMOVAL	EMATION, 24B. DATE	24C. NAA	AE of CEMETERY of CRE	MATORY	24D. LC	CATION (C	ity, town, o	(Sta	ite)
Burg	1 10/17/1/2	9 13.01	National 1	emetren	120	Strongere W.	man!	2	
	BY HEALTH DEPT.	25B. NAME OF	REGISTRAR	25C. FUNERAL	DIRECTOR	Joiner 11	No Ma	ADDRESS	
JUN 1	6 1969 Robert	E. Failer		12.1	Q	12n0 O	61.	P. AL	1.
VS 150-REV. 1/1	748 Arecaso	- Youble	, CO	LANNING	~ m	11020 XX	pour	rp-un	



FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
FUNERA	This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased privation approval must be obtained before the remains are embalmed or final disposition is made.

() - (0 0000	EALTH DEPARTMENT 69 6030
I. NAME OF DECEASED	E OF DEATH REG. NO.
Type or Print MRS PEARLA SHIPP	2. DATE AND HOUR OF DEATH 6. 11. 69 3.40 P.
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	USUAL RESIDENCE (Where deceased lived, If institution: tesidence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	MARYLAND PIKESULUS 53-00 CITY OR TOWN D. INSIDE CITY LIMITS?
	Pikesville YES NOF
35 Church Home + Hospital Broadway + FAIVAIT Ave	STREET AND NUMBER ALTO DALE FARM
	DATE OF BIRTH 9. AGE IIn years If Under 1 Yr., If Under 24 Hrs. Months: Days : Hours : Min.
F WIDOWED DIVORCED	1=11=0/
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. dane during mast of working life, even if refired)	BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY
HOUSEWIFE	PENNEYLVANIA USA
	MOTHER'S MAIDEN NAME
CHARLES DIETER	MARY HARTMAN
ies, no of unknown/fill yes, give war of doles of Service) SECTIBITY NO	INFORMANT Alto Dale ADDRESS
ho 215-24-4626	Joseph Shipp Pikesville, hid
18. 250,91 CAUSE OF DEATH	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	PEALL FALLES &
LEADING TO DEATH	KENAL TATORE 4
(This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease,	RENAL FAILURE & BETWEEN ONSET AND DEATH
infoly of complication which caused deams	
ANTECEDENT CAUSES (8)	TABETIC GANGRENE
DISEASES OR CONDITIONS, if any, giving ise to the above cause IA) stating the UNDERLYING CONDITION last.	CONSEQUENCE OF:
(0)	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 194-Date of Operation 198 CONDITION FOR WHICH OPERATION WAS PERFORMED DIABETIC GANGRENE 214	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
O 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY le.g., in or or convenient of co	r about 21 C. WHERE DID (If in Saltimore City, also exact location)
21D-TIME IMonth) (Doy) (Year) (Haur) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
₹ IAPPROX.) While At Work At Work	7
	3. 17. 1969 to 6. 11. 10.69
that (I) (we) last saw the deceased alive on 6 · 11 ·	17 and frames
and haur and from the causes stated above. (I) (We) (did) (did hat) view	The date of the state of the st
23A. SIGNATURE	23B, DATE SIGNED
the Chengum. Tund	ng Med. Stoff (7)
23C. PHYSICIAN'S NAME ITypel K.M. CHENGAPPA M.D 23D.	ADDRESS CHURCH HOME & HOSPITAL
DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMA	
REMOVAL ISpecify)	, they truly to dealing
Burial June 16, 1969 Druid Kidge	Cema Pikesville, Md
11111 1 0 1000 0	25C. UNERAU DIRECTOR ADDRESS
JUN 1 6 1969 22 6 8 72 22 22 22 25 150-REV. 1/1/68	H.J. Schhardt Owings Mills, Md.



1. NA	or Print) I	EATRICE		JACKSON	1		June	D HOUR OF DE e 14, 19		1415 A
3. P	LACE IN BAL	TIMORE, MAR	YLAND, WH	ERE PRONO	UNCED DEAD	4. USUAL RESID	B. COUN	e deceased lived. TY	. If institution	residence before
HO:	L NAME OF	(IF NOT ADDRESS	IN HOSPITAL	OR INSTITUTION)	UTION, GIVE STREET	Mary 1a		Balti D.	more	
11	'A S	it, Agne	s Hosp	ital		Lansdo	Wne		YES	№
7	V	Vilkens	& Cato	n Avenu	ıes	318 Th		ntie		
5. SI	X	6. RACE	7	· MARRIED	NEVER MARRIED	B. DATE OF BIR	ГН	9. AGE (In years lost birthday)	If Un Month	der 1 Yr. If Unders! Doys Hours
	male	White		WIDOWED		7	1913	56		
		JPATION (Give working life, eve		OB. KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	(State or forei	gn country)	12. C	ITIZEN OF WHAT
	sembler			Staufer	cs Co.		ennesse			U.S.A.
13. F	ATHER'S NA	WE				14. MOTHER'S				
		11iam	Short			Anr		nknown)		
Yes,	no or unknown	Ever in U. S. (If yes, give	Armed Force wor or dates	of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT				ADDRESS
	IO 18.44 / O				CAUSE OF DEA		rd A.	Jackson,	318 Th:	ird Ave. 2
	heart failure, injury at can DISEASES (osthenia, elc. nplication which ANTECEDENT OR CONDITION	. It means to ch caused d CAUSES ONS, if ar	leath.) ny, giving	BS COC	S A CONSEQUENCE	ortusi	ir Cordi	5-Pose	1. At local
NO	heart failure, injury at can DISEASES (rise to the UNDERLYING OTHER SIGNIF	osthenia, elc. iplication whi ANTECEDENT	. It meens to ch caused of CAUSES ONS, if arouse (A) s N last.	he disease, leath.) ny, giving sloting the TRIBUTING	DUE TO, OR AS	A CONSEQUENCE	ortusi	in Cordin	b-lose,	X. At loon
ATION	heart failure, injury ar can DISEASES (rise to the UNDERLYING OTHER SIGNIF TO THE DEAT	osthenia, elc. pplication whi- ANTECEDENT OR CONDITION E abave co G CONDITION II CICANT CONDIT H BUT NOTRE ONDITION GIV	. It means the chicaused of CAUSES ONS, if arrayse (A) s N last. TIONS CON LATED TO THE	he disease, leath.) 19, giving sloting the TRIBUTING ETERMINAL I (A).	DUE TO, OR AS	S A CONSEQUENCE	ortusi	208. IF YES, W. IN CERTIFYING	VERE FINDING CAUSES O	GS CONSIDERED F DEATH?
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MEDICAL CERTIFICATION	DISEASES (rise to the UNDERLYING OTHER SIGNIF TO THE DEAL DISEASE OR C 19A. DATE OF 21A. ACCIDE OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.)	osthenia, elc. pplication whith ANTECEDENT OR CONDITION ELCANT CONDITION FICANT CONDITION OPERATION OPERATION OPERATION OPERATION (Month) (Do	It meons the chicaused of CAUSES ONS, if arouse (A) s N last. IIONS CON LATED TO THE VEN IN PART 119B. COND WAS PERFO DERLYING SE OF	TRIBUTING TERMINAL 1 (A). 10 (Hour) 11 (A). 11 (A). 11 (A). 12 (B). Why	WHICH OPERATION PLACE OF INJURY (e.g., form, loctory, street, like A1 Not Wirk A1 Work he deseased from a	20 A. AUTOPS in or about 21 C. Woffice bldg., INJURY	Y? (Yes or No HERE DID OCCUR?	URY OCCUR?	CAUSES Q	give exoct location)
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MEDICAL CERTIFICATION	DISEASES (rise to the UNDERLYING OTHER SIGNIF TO THE DEAT DISEASE OR C 19'A- DATE OF OR CONTRIBL DEATH (noist) 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and PROX. SIGNATURY (APPROX.) 23. SIGNATURY (APPROX.)	osthenia, elc. pplication whith ANTECEDENT OR CONDITION ELCANT CONDITION FICANT CONDITION OPERATION OPERATION (Month) (Do that (I) (this lost sow that d fram the co	It meons the check caused of CAUSES ONS, if arrays (A) s N last. TIONS CON LATED TO THE VEN IN PART 198. COND WAS PERFO DERLYING SE OF Sincer) s hospital) e deceosed auses state	TRIBUTING ETERMINAL I (A). (Hour) 21E. Whi Wood attended the deboye. (I	WHICH OPERATION CC) WHICH OPERATION PLACE OF INJURY (e.g., farm, factory, street, factory, street, factory) INJURY OCCURRED The deceased from the decea	20 A. AUTOPS in or about 21 C. W office bldg., INJURY 19 19 19 19 19 19 19 19 19 19 19 19 19 1	Y? (Yes or No OCCUR? ON DID INJ ond the fter death. ammonds	URY OCCUR? In ta	causes of children City, (1) opinion do	give exect location) Public exect location) Public exect location) Public exect location) ATE SIGNED

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DIRECTOR:

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DIRECTOR:

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VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 His.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

31 may 69

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VS 151-REV. 1/1/68

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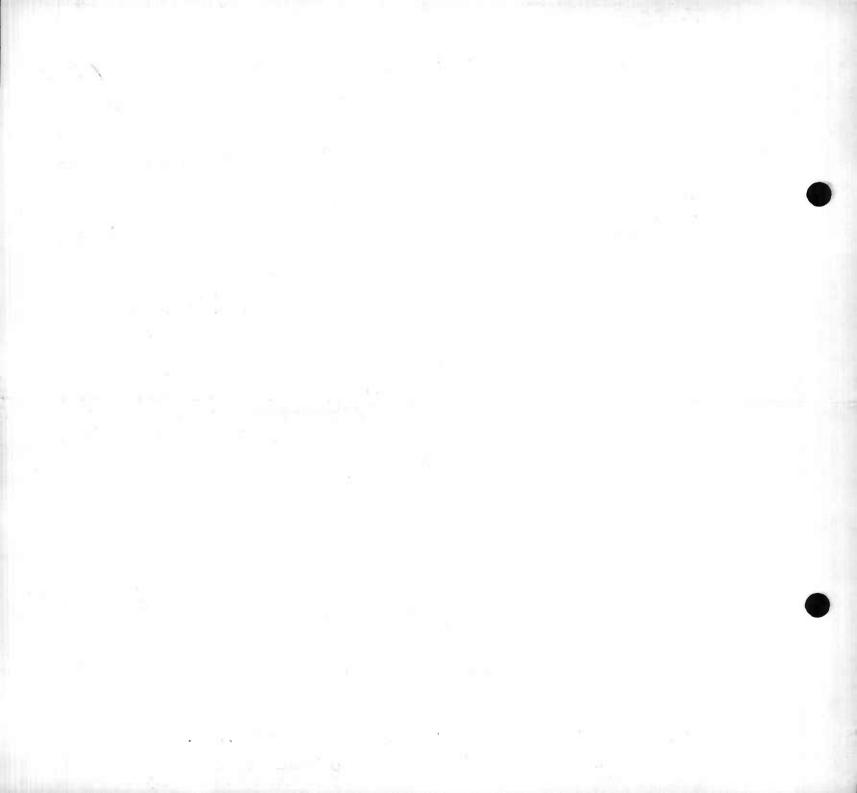
VS 151-REV. 1/1/68

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IMPORTANT

DIRECTOR:

VS 150-REV



VS 150-REV. 1/1/68



By Cully P

ADDRESS

Patapsce Ave. 2122

VS 151-REV. 1/1/68

25A, DATE REC'D BY HEALTH DEPT.

25B. NAME OF REGISTRAR

Ì Edward Committee of the Committee of the

FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
FUNERAL	This certificate must be approved by the chief med the body was released to the hospital by a medishows: (1) An accident of any nature; (2) Body burnwas D.O.A. at a hospital (except where the physideceased prior to death); and (6) No physician weritten approval must be obtained before the rem	

BALTIMORE CITY	Y HEALTH DEPARTMENT
	TE OF DEATH REG. No. 69 6039
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
(Type or Print) KOHAJDA. ANTAL	- L 6.12.69 11-30AM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
110	Battimore YES NON
48 Maryland General	E. STREET AND NUMBER
Hospital	812- Rosedale Ave
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr., If Under 24 Hrs.
Male While WIDOWED DIVORCED	3-3-01 92 9
10A. USUAL OCCUPATION (Give kind al work 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lareign cauntry) 12. CITIZEN OF WHAT COUNTRY?
Retired from Baltimore Transit Co.	11
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
>	
15 We D	Vera
15. Was Deceased Ever in U. S. Armed Forces? [Yes, go or unknown] Of yos, give wor or dotes of service) SECURITY NO.	Daughter Kehe Ida 812 Rosalelete
NO 213-16-0230	Daughtel none sole RID Regalelle
18. CAUSE OF DEAT	H APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND GEATH
LEADING TO DEATH	ISE probable pulmonary Emboli 2 days
(This does not meen the made of dying, e.g., heart foilure, asthenio, etc. It means the disease,	ACONSEQUENCE OF: 2 days
injury at complication which caused death.)	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	* Myccardial infarction ~ 1 mnt
tise to the above cause (A) station the	
UNDERLYING CONDITION last. (C) Dia	betese mollitus Imalle
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	scherchic cardiovasular disease - year
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19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yos of No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
MACCIDENT WAS INDESTRUCT	
	n or about 21 C. WHERE DID fice bldg, INJURY OCCUR? (If In Boltimore City, give exact location)
DEATH legify medical examined etc.)	
DEATH Inatify medical examined home, form, factory, street, of etc.) 21D.TIME (Month) (Day) (Year) (Hous) 21E, INJURY OCCURRED While At any Manual M	21F. HOW DID INJURY OCCUR?
(APPROX.) While AI Not While At Work	· 🗖 📗
22. I certify that (I) (this hospital) attended the deceased from	
	60
that (i) (we) last saw the deceased alive an	19 6 and that In (my) (our) aplnian death accurred an the date
and haur and fram the causes stated above. (1) (We) (dld) (dld not) vi	iew the bady after death.
23A. SIGNATURE	Resident 23B DATE SIGNED
	nding Med. T Stuff To
22 C BUNGLOLANG	3D. ADDRESS
MAME tryper	Manyland Cremeral Hospila
MOHAMMAD SIDIO M.B.B.S. DEGREE 4A- BURIAL CREMATION, 1248. DATE 124C. NAME of CEMETERY OF CRE	103/5/70
REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or county) (State)
Berral 61669 Call Lours Con	
SA. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	when Baltime Mel
	125C/FINERALIDIRECTORS) ADDRESS 1
JUN 1 6 1969 P. 4. B. E. Jaber, M.D.	metery Balting, Mel.

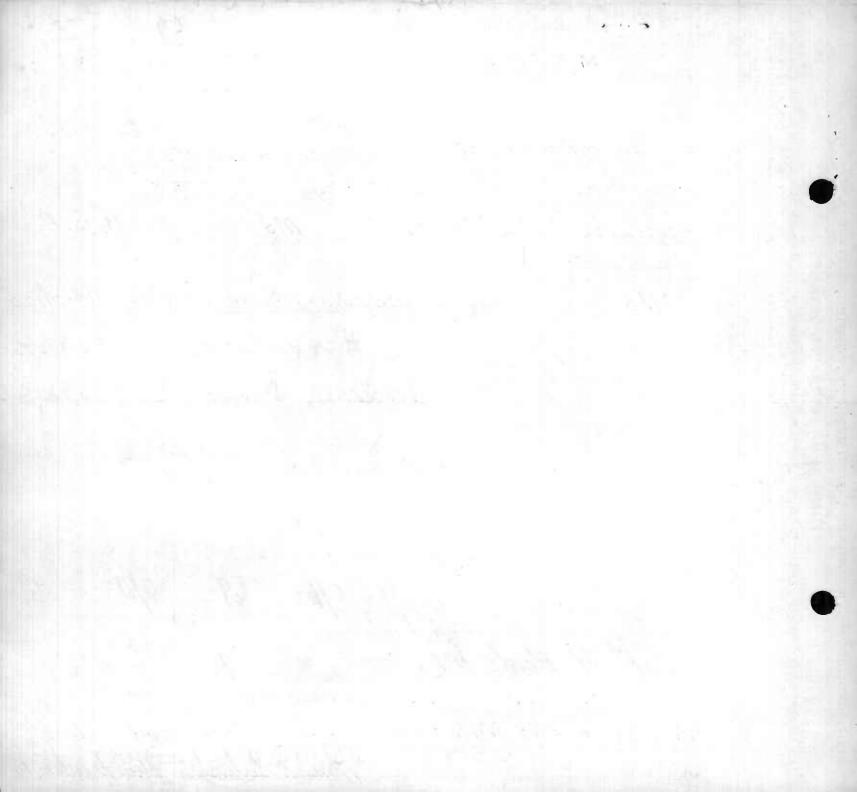


2:00 A. M.

If Under 24 Hrs. Hours Min,

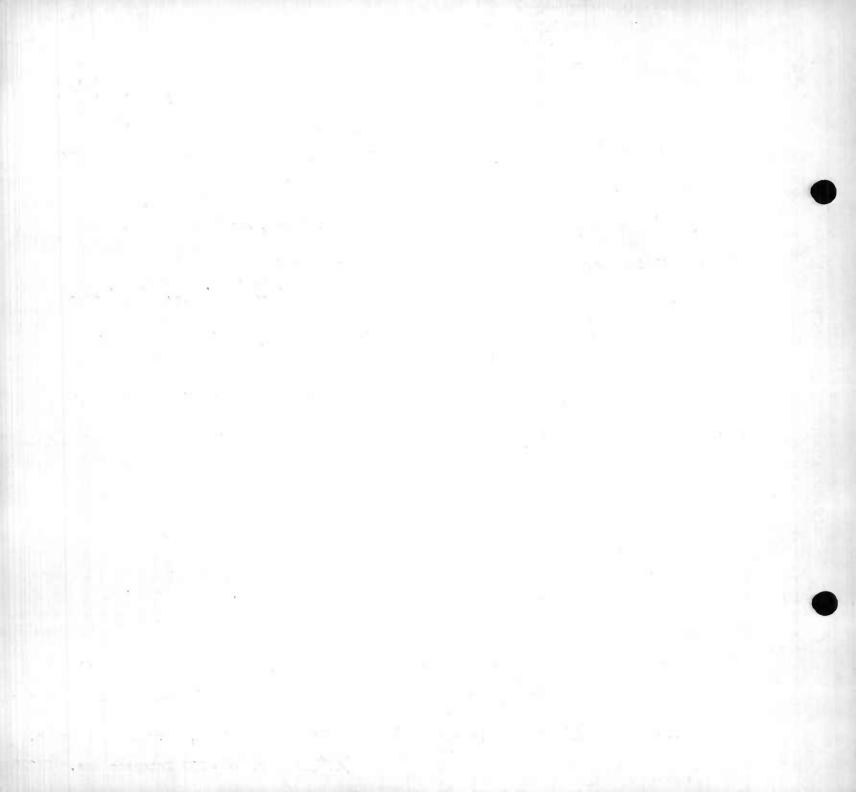
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KORNBLUM,

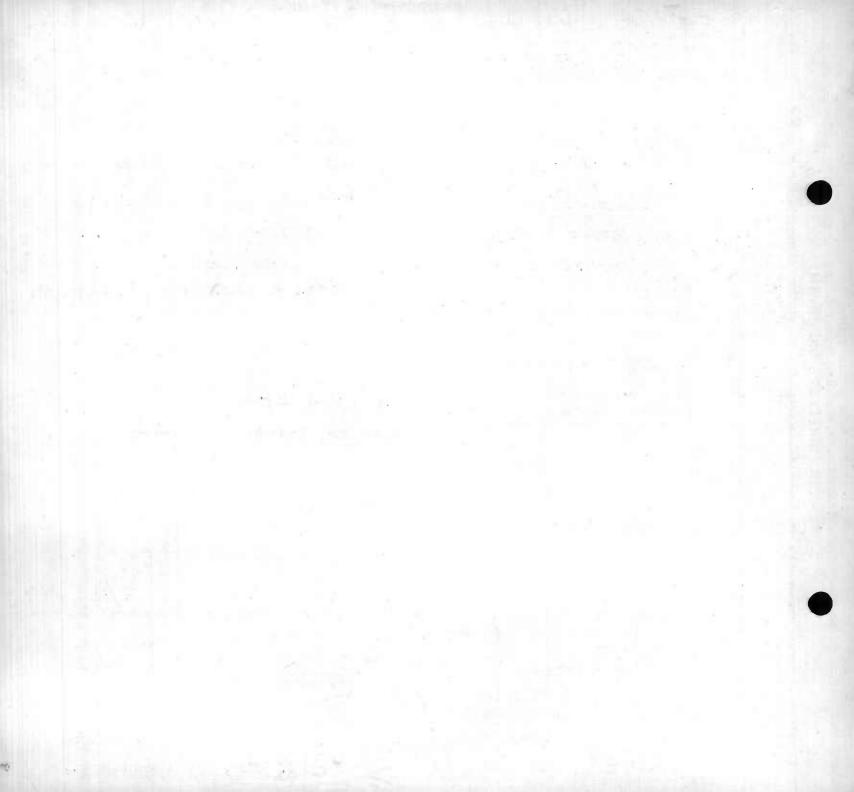


FUNERAL DIRECTOR: IMPORTANT

BIRTH NO. 1. NAME OF DECEASED (Type of Print) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 4. USUAL RESIDENCE (Where deceased lived. If institution; residence labore odn. STATE B. COUNTY A. STATE C. CITY OR TOWN D. INSIDE CITY, LIMITS?	>
1. NAME OF DECEASED (Type or Print) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before odne) A. STATE B. COUNTY ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY, LIMITS?	>
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before oding a STATE B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY, LIMITS?	M.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION ADDRESS OR LOCATION) [C. CITY OR TOWN [D. INSIDE CITY, LIMITS?]	Ssion
INSTITUTION	
HOOD CONVACESCENT HOME BALTICUOLE YES NO	
4313 ESMONDSON Are BOLTINGREE STREET AND NUMBER	
MD 21229 2217 RNNAPOLIS RD 21230	4 11
S. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Doys Hours Hours WIDOWED DIVORCED 6/2/93 9. AGE (In years lost birthdoy) Months Doys Hours 1/2	Ain.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT CO	JNTRY?
Housewife Baltimore, Meryland U.S.A.	
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
William Cragg Resa Reed	
1S. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (Iff yes, give wor or dotes of service) No. 16. SOCIAL SECURITY NO. 17. INFORMANT Mr. Louis A. Demely, Jr. ADDRESS 2217 Annapolis Rd. 21230	
18.4. / A CAUSE OF DEATH APPROXIMATE INTE	DV AI
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foliuse, asthenia, etc., il means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION tost. (B) DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF: (C) DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF: (C) DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF: (C) DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF: (C) DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A	
₩ OF INJURY	
OF INJURY (APPROX.) While At Not While At Work	-0
While At Not While	25
(APPROX.) * While At \(\text{Not While } \\ \text{Not While } \\ \text{Not Work} \)	
(APPROX.) While At Not While At Work At Work 22. I certify that (1) (this haspital) attended the deceased fram (1) (we) last saw the deceased alive an (1) (we) las	
22. I certify that (1) (this hospital) attended the deceased fram P 1 2 1967 to 6/2 196	
22. I certify that (1) (this baspital) attended the deceased fram 2 19 that (1) (we) last saw the deceased alive an 3 19 ond that In (my) (wor) apinian death accurred an that and have and fram the causes stoted above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED	
22. I certify that (1) (this baspital) attended the deceased fram 2 19 to 19 to 19 to 19 that (1) (we) last saw the deceased alive an 3 19 ond that In (my) (work) apinian death accurred an that and have and fram the causes stoted abave. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE Attending Med. Stoff Director Phys. 23B. DATE SIGNED 23C.PHYSICIAN'S NAME (Type)	
22. I certify that (1) (this baspital) attended the deceased fram P 1 9 19 10 19 19 19 19 19 19 19 19 19 19 19 19 19	
22. I certify that (1) (this haspital) attended the deceased fram P 19 2 to 2 19 (that (1) (we) last saw the deceased alive an 3 19 ond that In(my) (wor) apinian death accurred an that and fram the causes stoted abave. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE Attending Med. Stoff Director Phys. 23B. DATE SIGNED Phys. 23C. PHYSICIAN'S NAME (Type) 23C. PHYSICIAN'S NAME (Type) EAS DATE SIGNED Phys. 23D. ADDRESS NAME (Type) 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State of the county) (Stat	e date
22. I certify that (1) (this hospital) attended the deceased fram P 19 2 to 19 (that (1) (we) last saw the deceased alive an 3 19 20 ond that in (my) loof) apinian death accurred an that and haur and fram the causes stoted abave. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) EAS A CT CS (CONTROLL) 23D. ADDRESS NAME (Type) EAS A CT CS (CONTROLL) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (City, town, or county)	e date



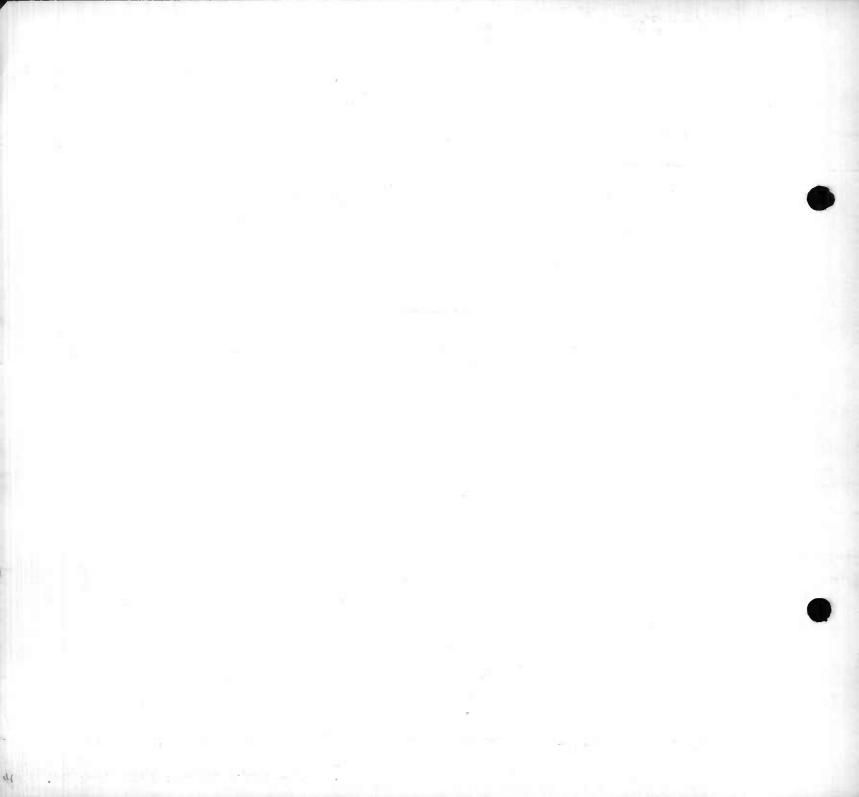
VS 150-REV. 1/1/6B



IMPORTANT

FUNERAL DIRECTOR:

H-655 CO COAS	CITY HEALTH DEPARTMENT
BIRTH NO. 69 6043 CERTIFIC	CATE OF DEATH REG. NO. 69 6043
I. NAME OF DECEASED	2, DATE AND HOUR OF DEATH
Herman, Mr. Robert	June 12, 1969 1 10: 40 Pm
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where decreased lived, If institution; residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Md. Baltimore 27-59
MARYLAND GENERAL HOSPITAL	C. CITY OR TOWN D. INSIDE CITY LIMITS?
MARYLAND GLIVERHI 1500 1.	Baltimore, Md, YES NO
7 8	1536 Sheffield Rd,
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE/OF BIRTH 9. AGE (In years II Under 1 Ye. II Under 24 His
WILL WILL WIDOWED DIVORCED	1 07/22/49 lost birthday) Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDU	
Student Student	Baltimore, MV. U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles C. Herman	Edith Barnes
15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO.	17. INFORMANT
No 246-10-0595	Pto Hospital Record
18. 20/XI CAUSE OF D	EATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1/2 N C. I. A I Dont to a #
IThis does not meon the mode of dying, e.g., (A) IMMEDIATE DUE 10. OF	CAUSE Alary Jacker Gradus Delivertion & months
heart failure, asthenio, etc. It means the disease, injury ar camplication which caused death.)	infangerow in retristanta imphysema
ANTECEDENT CAUSES	Harris Disease (confined)
DISEASES OR CONDITIONS, if any, giving	R AS A CONSEQUENCE OF:
rise to the abave cause (A) stating the UNDERLYING CONDITION last.	odkinis Dislose
O THE SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1218 PLACE OF INJURY OF	120A A LIVE BOUG IV. N. N. V. AAB TELEVISION OF THE PROPERTY O
WAS PERFORMED	20A- AUTOPSY? (Yes et Ne) 20R. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING TO CALLER OF THE OF THE OWNER OWNER OF THE OWNER OWNE	- G., in or obout 21 C. WHERE DID (II in Boltimore City, give exect location)
DEATH Inofity medical examined 21D.TIME (Month) (Doy) (Yeer) (Hour) 21E INJURY OCCURRED White As	t office bidg. INJURY OCCUR?
OF INJURY (Month) (Doy) (Yeer) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROXI Work Not Work	While
22. I certify that (I) (this hospital) attended the deceased from	
that (I) (we) lost sow the deceased alive on UNR 12	
and have and from the causes stated obaye. (1) (We) (did) (did no	t) view the bady ofter death.
23A. SIGNATURE	23B PATE SIGNED
Decare	Altending Med. Staff Director Phys. Well 12, 1969
23C. PHYSICIAN'S DECKE	23D. ADDRESS
OVOSE R. UVTIZ	Mary land General Hospital
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF REMOVAL (Specify)	teriff to my or dealing, teriffer
Burial 6-16-1969 Dulaney Vall	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 1	25C. EUNERAU DIRECTOR
JUN 1 6 7969 (Check E. Faiber M.D.	Wm. Cook-Brooks Towson 1050 York Rd. 21204



:45 P.

St ATE INTERVAL SET AND DEATH

	1 011- 69	6044	BALTIMORE CITY HE	ALTH DEPARTMENT	00 00
i.		MEDICAL EX	(AMINER'S	CERTIFICATE OF DEATH	69 6044
1. 1	NAME OF DECEASED or Print) OLA	MC (ELLE	cn) Alle	2. DATE Known Annth OF Estimated June	Day Yeor Hour 14, 1969 1:45
FUL HOS	PITAL ADDRESS OF	ND, WHERE PRONC OSPITAL OR INSTITUTION		3. DATE Month PRONOUNCED DEAD June	14, 1969 1:45
OR	Provident			5. USUAL RESIDENCE (Where deceosed lived A. STATE Maryland B.	. If institution: residence before admissio
	Female Negro	8. MARRIED WIDOWED	NEVER MARRIED	C. CITY OR TOWN Baltimore	YES NO
	8/22/06	Mont	der 1 Yr, If Under 24 Hrs. hs Doys Hours Min.	1107 Carson Cou	rt
	North Carolin	a v	HAT COUSTRY?	John H Hill	
14A. done	USUAL OCCUPATION (Give kind of the life of		ndry	15. MOTHER'S MAIDEN NAME Lula	
	WAS DECEASED EVER IN U.S. A , no or unknown) (If yes, give war or		17. SOCIAL SECURITY NO.	M,s Naomi Nicholso	address on 339 Bloom St
	DISEASE OR CONDITION LEADING TO DEA (This does not meon the mode heart foilure, asthenia, etc. It me injury or complication which cou	TH of dying, e.g., ons the discose,	(A)IMMEDIATE	тн hritis with multiple ab	APPROXIMATE INTE BETWEEN ONSET AND
Z	ANTECEDENT CAUS DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (UNDERLYING CONDITION I	IF ANY, GIVING A) STATING THE	(B)	AS A CONSEQUENCE OF:	
IFICATION	OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELADISEASE OR CONDITION GIVE 20 A. DATE OF OPERATION 208	ONS CONTRIBUTING TED TO THE TERMINAL N IN PART 1 (A).	Cirrhos	is of liver	
	20A. DATE OF OPERATION 208	CONDITION FOR	WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or

CE Yes EXTERNAL CAUSE WAS 228. PLACE OF INJURY(e.g., in or about 22C. WHERE DID (If in Boltimore City, give exoct location) home, form, foctory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month)
OF INJURY (Yeor) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE (APPROX.) AT WORK m. WORK I certify that I held an Inquiry Inspection Autopsy X and that on this basis, death in my apinlan resulted fram: Natural causes 🛚 Hamicide __ Undetermined manner Suicide Accident

ACTUAL SIGNATURE Charles S. Springate, M.D. EXAMINER'S

CHIEF MEDICAL EXAMINER

24D, LOCATION

ASSISTANT MEDICAL EXAMINER X ASSOCIATE MEDICAL EXAMINER

June 15, 1969

(City, town, or county)

DATE SIGNED

(Stote)

NAME (Type) 24A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)
Burial

24C. NAME of CEMETERY or CREMATORY Auburn Cemetry Mt

Baltimore Md ADDRESS

25A. DATE REC'D BY HEALTH DEPT.

258. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

Halstaad 1206 W North Ave

neite f s size

8/22/06 63

IIIR M adot A S U

Borth Carolina

Laundrens Laundry

simi

M.s Macet Ficholson 339 Floor

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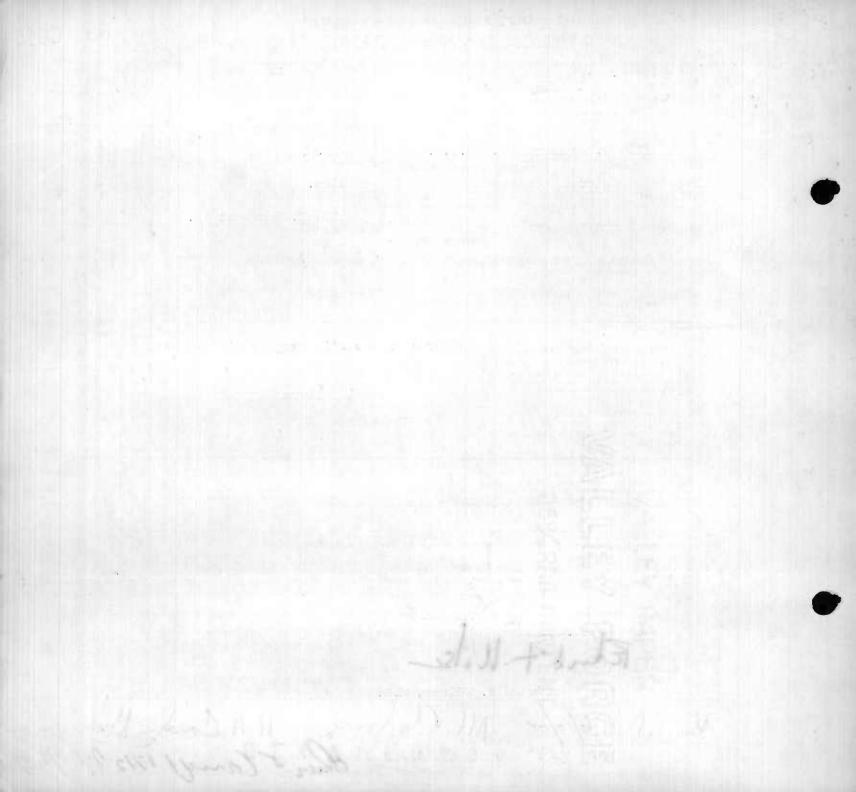
Surial 6/19/69 Mt Auburn Cemetry Saltimore Md

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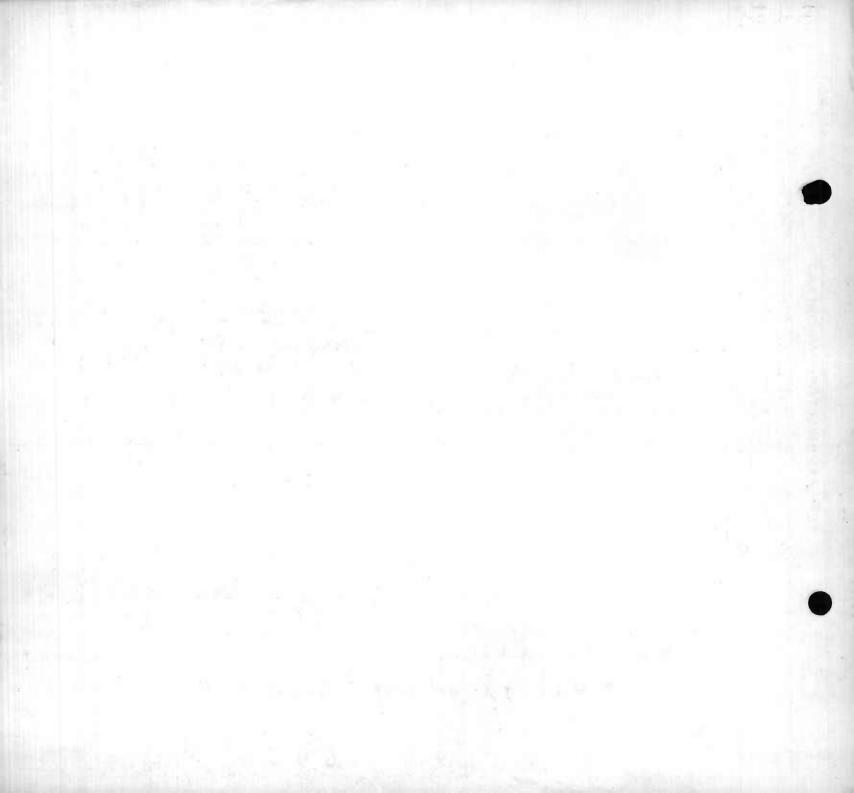
	03 0040 BALTI						6	9 6	n ar
RII	MEDICAL EXAM	MINER'S C	CERTIFIC	CATE OF	DEAT	H REG. NO	()	0 0	045
	NAME OF DECEASED		2. DATE	v 454.	A4 41		V	T.	
	cora Edmundson		OF	Known XX	Month 6	Doy 2	Yeor 69	Hour	25 ам.
4.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	DEAD	DEATH 3. DATE	Esminoreo 🖸	Month	Doy	Yeor	Hour	.эам.
FU	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIV DSPITAL ADDRESS OR LOCATION) RINSTITUTION		PRONOU		lune	2,	1969	8:25	
OK.			A. STATE	SIDENCE (Where		ed. If institution: B. COUNTY	residence b	efore odmiss	ion)
0	1234 E. Monument St. D.O			ryland			10	1-0	de
6.	SEX 7. RACE 8. MARRIED NEV	ER MARRIED	C. CITY OR	rown		D. INSIDE CIT	Y LIMITS?		
	Female Colored WIDOWED	DIVORCED [Balt	0.		YES	s D	10	
9.		r. If Under 24 Hrs. s , Hours , Min.		ND NUMBER 4 E. Monu	mont (2+-			
11.	BIRTHPLACE(State or foreign country) 12. CITIZEN	OF	13. FATHER'S		ment i	JL.			
		OUNTRY?	To. Trittell .						
	A.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINE	SS OR INDUSTRY	15. MOTHER	'S MAIDEN NAM	AE .				
don	ne during most of working life, even if retired)								
	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no or unknown) (If yes, give wor or dates of service) 17. SC SE	CIAL CURITY NO.	18. INFORM	ANT		AD	DRESS	-	
_									
Н	19. 4/2 21	CAUSE OF DEAT	TH					ROXIMATE INT	
H	DISEASE OR CONDITION DIRECTLY HY			ovascular	disea	ase with			
	(This does not mean the mode of dying, e.g.,	DUE TO, OR A	S A CONSEQU	ENCE OF:					
	heart lailure, asthenia, etc. It means the disease, injury or complication which caused death.)		enal fa						
	ANITECEDENT CAUSES								
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING	DUE TO, OR	AS A CONSEC	UENCE OF:					
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.								
Z O		(C)	***************************************						
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL								
Ę	DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH	OPERATION WA	S DEDECTEM	D			21 ALITOR	SY? (Yes or	No.
S	O SALE SI GILLIMON SI CONSTITUTO NO VINCIN	OI EKAHOIT WA	13 FERFORM	.0				311 (1030)	110)
CAL	22A. EXTERNAL CAUSE WAS 22B. PLACE	OF INJURY(e.g.,	in or obout 22	C. WHERE DID (If In Boltimor	re City, give exoc	NO		
	UTING CAUSE OF DEATH.	octory, street, office	e blag., erc.// III	JUNY OCCUR!					
Σ	OF INJURY	IRY OCCURRED	WHILE [F. HOW DID IN	URY OCCI	JR?			
	m. WORK	AT W							
	23. I certify that I held on Inquiry Inspe	ction XX Au	tonsy 🗍	ond that on th	ls basis.	death in my c	polnion		
	resulted from Natural causes XX Acciden					ned manner	7		
	Testiled living	301010		HIEF MEDICAL E					
	ACTUAL Cond to 1/15	· -		TANT MEDICAL E		XX		DATE SIGN	ED
Г	SIGNATURE V	M.D		CIATE MEDICAL E					
	EXAMINER'S NAME (Type) Edward F. Wil	son. M.D		CIATE MEDICALE.	XAMINEK	T11	ne 2.	1969	
	A. BURIAL CREMATION, 24B. DATE / 24C. NAM	E of CEMETERY		RY 24D. I	OCATION	(City, town,		(Stote	e) /
RE	MOVAL (Specify)	(0,1)	1 AC 0 1	- 1	NA)	11.		/
25	DATE DECID BY HEALTH DEDT	CISTRAR	1260 8	TINESAL DIRECTO	MIL	oust	OPEES W	W usin	107 T
23	JUN 1 6 1969 10 00 00 00 00 00 00 00 00 00 00 00 00		250. 1	UNERAL DIRECTO	n	alu	DREBS -	2/1	71 ,
	2018 = 0 1302 1000mbs C' 4	and the	Ca	114 8.	ha	WII	112 1	11/1	MUSI

VS 151-REV. 1/1/68



VS 150-REV. 1/1/68

4. USUAL RESIDENCE (Where deceosed fived of institution residence before admission)
A. STATE M. B. COUNTY D. INSIDE CITY LIMITS? NO If Under 1 Yr. If Under 24 Hrs. Manths! Doys Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH (If in Baltimare City, give exact location) and that In(my) (our) opinion death accurred on the date (City, town, or county) ADDRESS

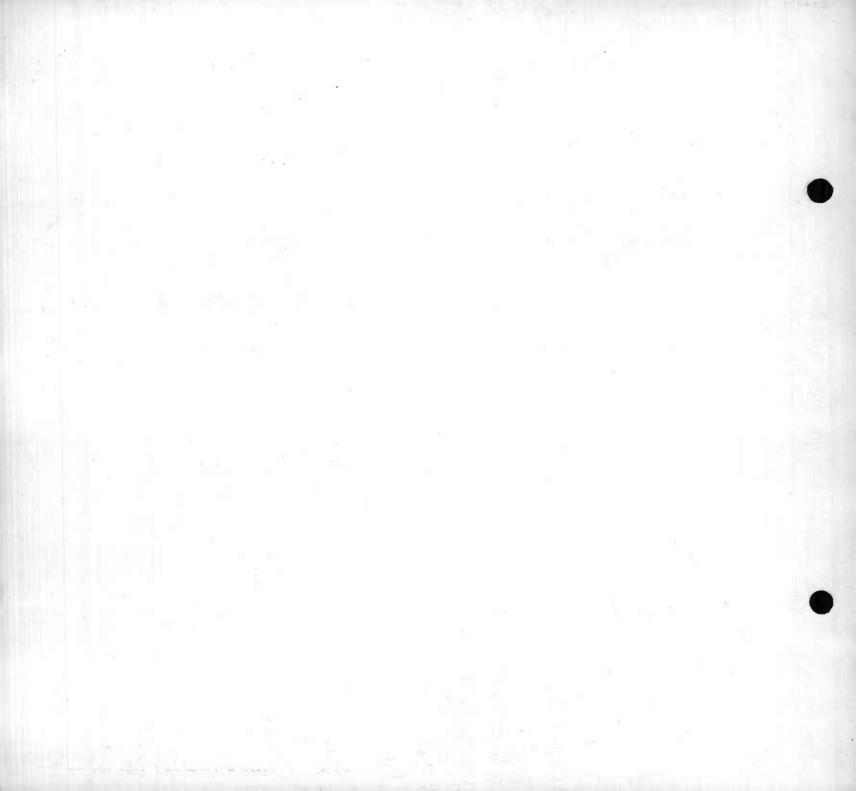


IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT



69 6048 BALTIMORE CITY HEALTH DEPARTMENT 69 6048 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.

BIR	TH NO.											
	NAME OF DEC	EASED HER	MAN ALI	EN		2. DATE OF DEATH	Known 🔼 Estimated 🗌	Month June	Doy 14,	1969	Hour 2:35	Р. м
FUL	L NAME OF	(IF NOT IN HOS ADDRESS OR LO	PITAL OR INS			3. DATE PRONO	JNCED DEAD	Month June	Doy 14,	Yeor 1969	2:35	P. M.
OR	INSTITUTION	Luthera				A. STATE	ESIDENCE (Where Maryland		ed. If institu B. COUNT		before odm	3
	SEX	7. RACE	B. MAR	RIED 🗌	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE	CITYLIMITS	?	
	Male	Negro		WED 🗌	DIVORCED		Baltimore			YES X	NO 🗆	
	1/25/2	lost hir	E (In years hday)	Months	r 1 Yr. If Under 24 Hrs. Doys Hours Min.	E. STREET	ND NUMBER 2432 Madi	son Av	enue			
11.	BIRTHPLACE (S Maryla	tote or foreign countr nd	γ)		ZEN OF AT COUNTRY?	13. FATHER	s NAME on Allen					
		PATION (Give kind of vorking life, even if retire		D OF BU	SINESS OR INDUSTR		Bowie	ME				
16. (Ye:	WAS DECEASI s, no or unknown) NO	(If yes, give wor or do	MED FORCE	S? 17	SECURITY NO.	18. INFOR	Bowie	639	Dover	ADDRESS Stre	et	
	19.	13,10			CAUSE OF DEA	тн					APPROXIMATE I	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart follure, asthenia, etc. It means the disease, Injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) IMMEDIATE CAUSE Multiple blunt injuries (A) IMMEDIATE CAUSE Multiple blunt injuries (B) DUE TO, OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF: (C)												
CERTIFICATION	TO THE DEA DISEASE OR	IFICANT CONDITION ATH BUT NOT RELATED CONDITION GIVEN I	N PART 1 (A). AINAL				e e e e e e e e e e e e e e e e e e e				
L CERT	20A. DATE OF	OPERATION 208.	CONDITION	FOR WI	HICH OPERATION W	AS PERFORM	ED		348		OPSY? (Yes	or No)
	UNDERLYING UTING CA 22D. TIME (OF INJURY (APPROX.) 23.	ify that I held an ed fram: Natural Ler's Charlype) MATION, [248. DAT	ds S.	m. WO	RK L AT V	WHILE X VORK X VORK X ASSI	Driver in and that on the micide CHIEF MEDICAL E STANT MEDICAL E CIATE MEDICAL E	anklin JURY OCCI auto- nis basis, Undetermi XAMINER XAMINER XAMINER	E. of UR? fixed death In a	object my apinian or June	ck Ave	NED
I	Burial	BY HEALTH DEPT	18/69	MAMEO	t Calver	y 25C.	EUNERAL DIRECTO	ookly	n, Mo	ADDRESS		
	67	IUN T 6 1969	lobe	٠٤٠ ك	Jaber, M.D.	() CB	arDesJA.	Rice	661	W. Be	rre S	t

SECURIO I HAVE SEE Deciment the contract of the c TWENDERS F.D. Be Landymyre greving .du do all de land dispression of the sollie of a divergil

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IMPORTANT

DIRECTOR:

FUNERAL

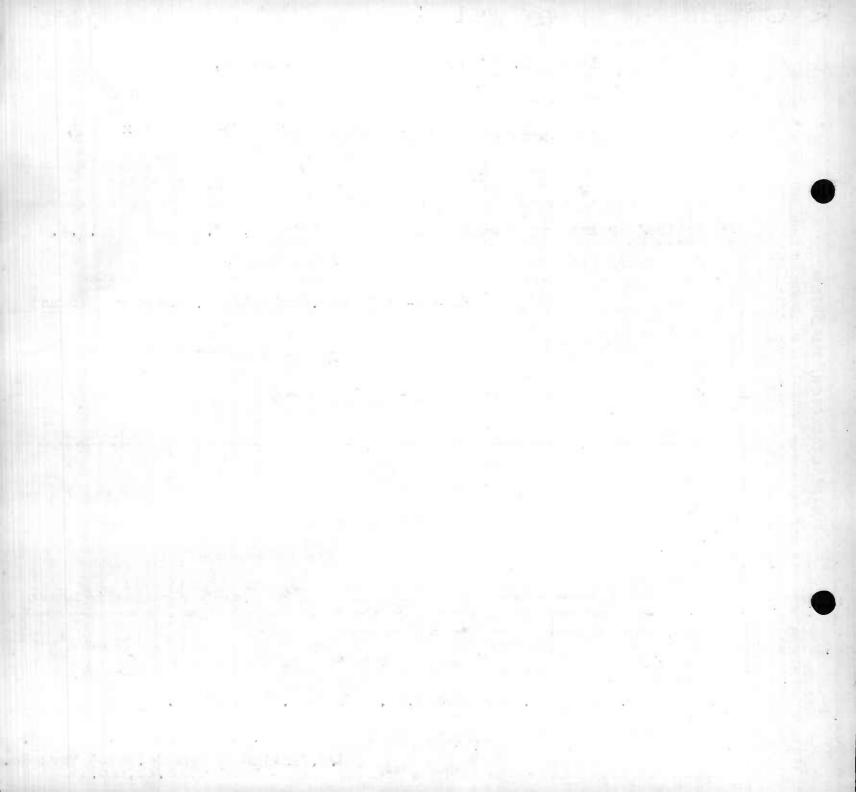
BALTIMORE CITY HEALTH DEPARTMENT

NEWSON VENEZA

IMPORTANT

DIRECTOR:

FUNERAL



Arteres Ret. Osto iluani a

5	69	605	3 CEDITIFICA	TE OF DEATI	REG. NO	69 6053		
BIRTH NO. 1. NAME OF DECE. (Type or Print)	ASED				E AND HOUR OF DEAT	н (і		
2 01 4 05 101 0 40 50	JOSEPH S			2:45 16/3/69 M				
3. PLACE IN BALTI	MORE MARYLAND, W	HERE PRONU	UNCED DEAD			institution: residence before admission)		
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPIT	AL OR INSTITU	UTION, GIVE STREET	PENNSYL		V-35		
NOITUTION				C. CITY OR TOWN		VSIDE CITY LIMITS?		
THE JOH	NS HOPKINS	s Hosp	ITAL	CHAMBER:	SBURG.	YES NO		
				139 COL	ONIAL DRIV	E		
	WHITE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lest birthdoy)	If Under 1 Yr If Under 24 Hrs. Months! Doys Hours Min.		
MALE		WIDOWED		5-29-59	10			
done during most of wo	ATION (Give kind at world rking life, even it retired)	IOB KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE ISlate or	lareign country)	12. CITIZEN OF WHAT COUNTRY		
. 1 50- 1- 9	e.	No	Ne.			U.S.A.		
S L G M O N	D SALMENTO		14	14. MOTHER'S MAIDEN	NAME TA ZAMMIT			
				CONSOLA	IA 4AMMIT			
Yes, na at unknown)	ver in U.S. Armed For I yes, give war or dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
No			None.					
18. 204	4,01		CAUSE OF DEAT	н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	OR CONDITION DI	RECTLY		Dan D.	0	. 7		
(This does not	meon the made at	dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	menso Dep	no 3 days		
injury at Cempl	sthenie, etc. II meens icelien which caused	death.)	87		4			
	ITECEDENT CAUSES		(B) Acus	te hemol	oblostic	Leukelia 1/2 41		
DISEASES OR	CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:				
UNDERLYING	CONDITION lest	elanna tug	(c)		***************************************	V		
7	11							
O THER SIGNIFICANT CONDITIONS CONTRIBUTING I TO THE DEATH BUT NOT RELATED TO THE TERMINAL								
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A), 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION 120A-AUTOPST2 (Yes of Not) 20B IS YES WERE ENDINGS CONDITION 120A-AUTOPST2 (YES OF NOT) 20B IS YES WERE ENDINGS CONDITION 120A-AUTOPST2 (YES OF NOT) 20B IS YES WERE ENDINGS CONDITION 120A-AUTOPST2 (YES OF NOT) 20B IS YES WERE ENDINGS CONDITION 120A-AUTOPST2 (YES OF NOT) 20B IS YES WERE ENDINGS CONDITION 120A-AUTOPST2 (YES OF NOT) 20B IS YES WERE ENDINGS CONDITION 120A-AUTOPST2 (YES OF NOT) 20B IS YES WERE ENDINGS (YES OF NOT) 20B IS YES WERE E								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 195. CONSIDERED IN CERTIFYING CAUSES OF DEATH?								
21 A. ACCIDENT	WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g., in	or obout 21C. WHERE DI	Q (II in Boltim	ore City, give exact location)		
DEATH (notify m	edicol exominer)	elc	torioly succe of	net bidge invokt OCCO1				
OF INJURY	Month) (Day) (Year)		INJURY OCCURRED		INJURY OCCUR?			
(APPROX.)		While West	e Al Not While	· 🗆 ,		,		
22. I certify th	at (1) (this hospital) attended th		6/6	19 67 to C	1969		
	st saw the decease		6/3/69		that In (my) (aur) a	pinian deeth accurred an the dete		
and have and from the causes steted above. (1) (We) (did) (did not) view the bady after death.								
23A. SIGNATURE	000	2.0				23B, DATE SIGNED		
10	nexal O.	Mede	DEGREE Phys		Staff Phys.	6/3/01		
23C. PHYSICIAN	5			3D. ADDRESS				
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	RONALD C	RIED.	EN DEGREE	THE JOHNS	HOPKINS H	OSPITAL		
24A. BURIAL CREMA REMOVAL (Spe	city) 248. DATE		ME of CEMETERY of CRE	MATORY 240	LOCATION (City, town, or cauntyl (State)		
Removal	6-4-69)		C	hambersbur			
2SA. DATE REC'D B	HEALIH DEPT.	O P	E. Jaben, Mil	John Direct	Park	ADDRESS		
S 150-REV. 1/1/68	JUN 1 6 196	المنافقة الما		152 S. 2	nd St. Cha	mbersburg, Penna		

um. 8 tichner & sours. Tall mal.

1	I
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature;: (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
s certificate body was reves: (1) An ac s D.O.A. at a seased prior	2
Thi the sho wa dec	-

0	1-62	0	005	BALTIMORE CITY	HEALTH DEPARTMENT		69 605	A
BII	RTH NO.	69	605	CERTIFICA	TE OF DEATH	REG. NO	00 000	14
	Pe or Print	0.	100 00		2. DATE AN	D HOUR OF DEATH	189 0	_
3.	PLACE IN BALTIME	MARYLAND, W	IERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (When	e deceosed lived II in	stitution: Jesidence below	A N
	JLL NAME OF DSMTAL OR STITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA			A. STATE B. COUN C.CITY OR TOWN	TY	9-02	5011115110117
ij	J. C.				Baltimo	_	YES NO	
7	17.	\sim			E. STREET AND NUMBER		1112 110	
	Union	Memor	ial	Mosp.	3408 W	lar tron	a Ra	
5.	SEX 6. RA	ACE		X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours	er 24 Hrs.
10	Make L	2hite	WIDOWED [3-01-25	46		
dor	e during most of working	g life, even il refired]	OR KIND OF	MUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or lorei	gn country)	12. CITIZEN OF WHAT	COUNTRY
	Mechanic				Florida		USA	
13.	FATHER'S NAME	J.			14. MOTHER'S MAIDEN NAM	AE .		
	Hnau	s Du	Res		Viola (LOOK		
15. (Ye	Was Deceased Free	in U. S. Armed Forces, give wor or doles	of servicei	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	Yes	WWLL		261-12-5396	Mrs. Callie We	et 31.08 Ha	mfama Da 020	3.0
	18. 4 36	7 -1		CAUSE OF DEATH	TARO OCCIDED WO	30, удоо на.	APPROXIMATE IN	NTERVAL
	DISEASE OF	CONDITION DIRE	CTLY			0 .	BETWEEN ONSET A	ND DEATH
	1	oing to DEATH	lutur a	(A)IMMEDIATE CAU		Jascula	- Michael	C
	I heart failure, asthe	nia, etc. It means t	he disease.	DUE TO, OR AS	CONSEQUENCE OF:			
		tion which caused o	leath.)					
		CEDENT CAUSES		(B)		***************		
	rise to the ab	ONDITIONS, il or ave cause (A) :	toting the	DUE 10, OR AS	A CONSEQUENCE OF:			
	UNDERLYING CO	NDITION lost.		(C)	***************************************			******
NO	OTHER SIGNIFICAN	II CONDITIONS CON	TRIBUTING					
ATION	TO THE DEATH BUT	NOT RELATED TO THE	TERMINAL	****************				
ERTIFIC	19A-DATE OF OPE	MAS PERFO	TION FOR W	HICH OPERATION	20A. AUTOPSY? (Yos or No)	208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?	
CALC	21A. ACCIDENT W OR CONTRIBUTING DEATH (notify medic	AS UNDERLYING CAUSE OF cal examiner	21 B. home elc.)	PLACE OF INJURY (e.g., in p, form, foclory, slicet, off	or obout 21 C. WHERE DID ce bldg., INJURY OCCUR?	()f In Bolilmore	City, give exact location)	
EDI	21 D. TIME (Mor	ith) (Doy) (Year)	(Houi) 21 E.	INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?		
3	(APPROX)		Whil	Not While				
	22. I certify that	(this hospital)			6-07 1	6910 6	213 10	,0
	that (1) (we) last	saw the deceased	alive an	6-13	19 and tha		ian death accurred an	the date
	and have and fran 28A. SIGNATURE	the causes state	d abave. (1)	(We) (did) (did not) vi	ew the bady after death.			
	28A. SIGNATURE	90	0	Atten	dian - Mad - s		238, DATE SIGNED	
١	124	100	2	DEGREE Phys.		haff hys.	6-13-69	
	23C. PHYSICIAN'S NAME (Type)		0		D. ADDRESS UNION	MEMORIAL, H	DSPITAL	
		GOLDBERGE		1D DEGREE	(Nion N	lenorial	Mago	
24 A	REMOVAL (Specify	,		ME of CEMETERY OF CRE	AATORY 24D. LO	CATION (City,	, town, or county)	(Stote)
	Burial	6116-69		aney Valley	Ba	ito. Md.		
25A	DATE REC'D BY H		B. NAME OF		25C. EUNERAL DIRECTOR	1	ADDRESS	
		WIN LE 1998	1 lobes	BE. Faster, M.D	Leonard J. Ru	ck, Inc., 530	05 Harford Rd	•

TICE

E. E. STEEL

17 0 12

March 1 was not as a first with

69 6056 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.		REG. NO.
1. NAME OF DECEASED	2. DATE Knawn A Manth	Doy Year Haur
(Type or Print) ALBERT C. MAY	OF DEATH Estimated I June	13, 1969 8:30 P _M
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month	Day Year Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD June	13, 1969 8:30 P _M
Union Memorial Hospital	A. STATE Maryland	B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN	D. INSIDE CITY LIMITS?
Male White WIDOWED DIVORCED	Baltimore	YES K NO
9. DATE OF BIRTH Aug. 17, 1908 10. AGE (In years 16 Under 1 Yr. If Under 24 Hrs. Months; Doys; Hours; Min.	E. STREET AND NUMBER 2129 St. Paul S	treet
11. BIRTHPLACE(State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? US A	13. FATHER'S NAME	May
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY dane during mast of working life, even if retired) Presser		largaret ?
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes af service) SECURITY NO. 215-10-751	5 Mr. Robert May	Sykesville, Md.
19. CAUSE OF DEA		APPROXIMATE INTERVAL
DISTACT ON CONDITION DIRECTLY Perforati	on of cecum with gene	ralized BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY FOLLOWS: LEADING TO DEATH (A)IMMEDIATE O		
	AS A CONSEQUENCE OF:	
ANTECEDENT CAUSES (2)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION 1AST	AS A CONSEQUENCE OF:	
(7)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WA		
20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes ar Na)
0 2		Yes
	in ar about 22C. WHERE DID (If in Baltimo e bldg., etc.) INJURY OCCUR?	
UTING CAUSE OF DEATH. ≥ 22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCC	UR?
OF INJURY WHILE AT NOT	WHILE OORK	
23. I certify that I held an Inquiry Inspection Au	tapsy and that an this basis,	, death in my aplnion
resulted fram: Natural causes A Accident Suicic	le Homicide Undeterm	Ined manner
ACTUAL CO. S.	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE EXAMINER'S NAME (Type) Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER	June 14, 1969
24A. BURIAL CREMATION, REMOVAL (Specify) Burial 6/17/69. Sacred Heart		(City, town, ar county) (State)
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
11N1 6 1969 2 108 2 Falley	Leonard J. GRuck	, inc. Balto. Md.
VS 151-REV. 1/1/68		

Trees Day 152 513 12 Carried Billiones and Carried Str. A Property of the second of th

VS 150-REV. 1/1/6B

SOUND OF STREET

774444

A STATE OF THE PARTY OF THE PAR

YES A

NO

If Under 1 % . If Under 24 Hrs. Months! Doys Hours : Min.

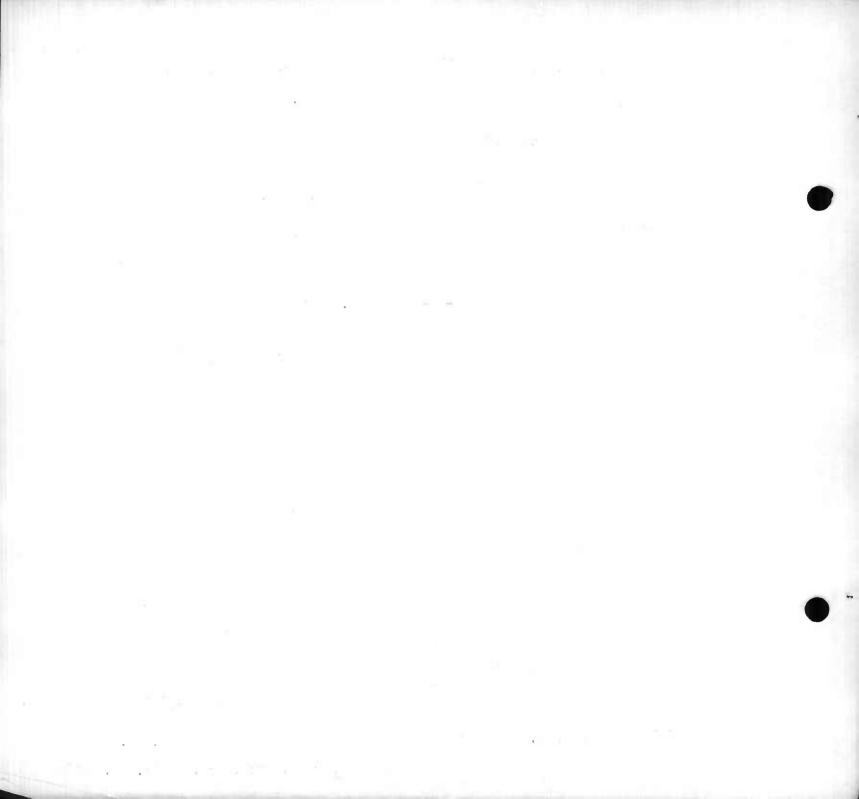
12. CITIZEN OF WHAT COUNTRY?

USA

(Same)

APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH

IMPORTANT DIRECTOR: FUNERAL hospital

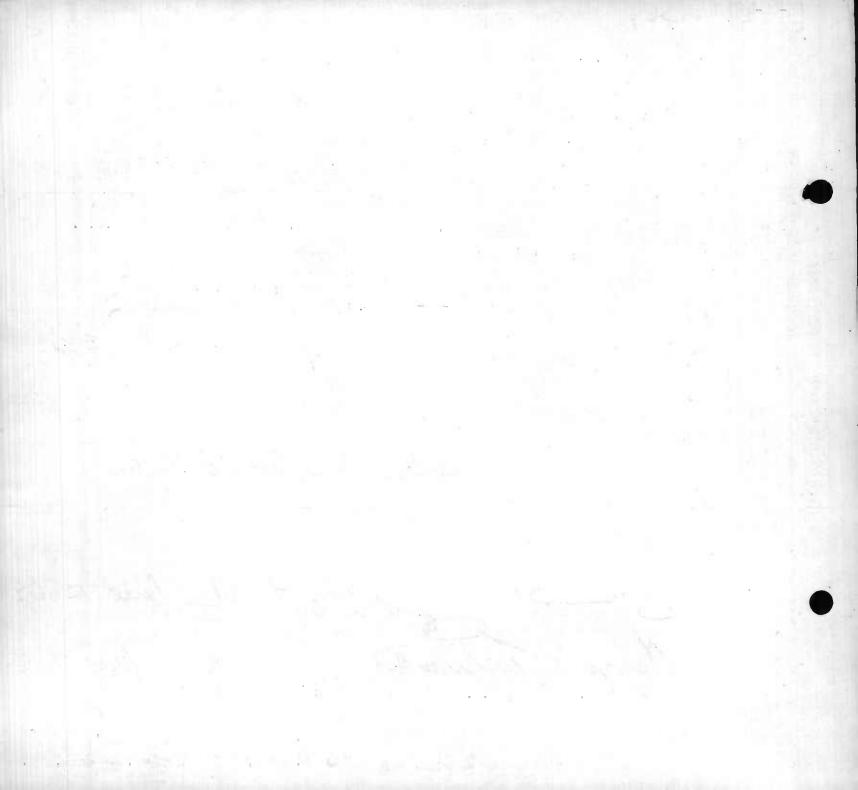


		HEALTH DEPARTMENT
	BIRTH NO. CERTIFICA	TE OF DEATH REG. No. 69 6959
	T. NAME OF DECEASED (Type of Phint) BLUME, AGNES C.	2. Date and Hour of Death 13 JUNE 1969 17 11 AM
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	14. USUAL RESIDENCE (Where deceased lived If institution; residence before admission)
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND BALTIMORE 17-39
	MARYLAND GENERAL HOSP, TAL	C. CITY OR TOWN D. INSIDE CITY LIMITS? PALT I MO RE YES NO
	Marie	E. STREET AND NUMBER
6	70	1347 CROFTON Rd.
100	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
is made.	FEMALE White WIDOWED DIVORCED	02/20/10 lost birthday 59 Months Doys Hours Min.
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY fone during most of working life, even it retired!	11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY
=	House wife -	BALTIMORE Md. U.S.A. U.S.A.
Soc	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
disposition	Maurice CRONISTER	Mary Schaeffer
	5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or doles of service) 1 6. SOCIAL 1 6. SOCI	17. INFORMANT ADDRESS
Ting!	No 212-05-1021	Lawrence M. Blume Sr. 1347 Crofton Rd.
0	18. / CAUSE OF DEATH	APPROXIMATE INTERVAL
00	DISEASE OR CONDITION DIRECTLY ACCUSE	BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not meen the mode of dying, e.g., (A) IMMEDIATE CAUS	
E	heart failure, asthenia, etc. It means the disease, injury or camplication which caused deoth.)	A CONSEQUENCE OF:
E		Acutain of all 1 delegan
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	RCINOMA OF COLON MESERGED
Sar	rise to the abave cause (A) stating the	
	(0)	***************************************
E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ANGERUS	CLE NOTIC LIEART ON EASS
	DISEASE OR CONDITION GIVEN IN PART 1 (A)	10000000000000000000000000000000000000
The	19A DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	21A ACCIDENT WAS HADER YING TO A	769
Derore	OP CONTRIBUTION OF THE	or about 21 C. WHERE DID (II In Baltimore City, give exact location)
- 113		
Beura	21D. TIME (Month! (Doy) (Yeor) (Hour) 21E INJURY OCCURRED While At Not While	21F. HOW DID INJURY OCCUR?
5	Work L. Al Work	7-1-0
0	22. I certify that (4 (this hospital) attended the deceased from	13/69 19 to 6/13/69 19
	that \$5 (we) last saw the deceased alive on 6/13/69	19and that Inter (our) apinian death accurred an the date
T COM	and hapr and from the causes stated above. (We) (did) (4500) vie	aw the bady after death.
	11 11 K-1	ding Med. Shaff F
5	The state of the s	Director L Phys. L 0/13/67
	Monte tilbei	D. ADDRESS
2	A. RUPLAL CREATATION 24P DATE	Maryland General Hospital
	REMOVAL (Specify)	
- _	0	etery Baltimore Maryland
	JUN 1 6 1969 July E. Jaben 12	Leonard January Inc. 5305 Harford Road 21211
I L	5 150-REV. 1/1/68	+.

. 71

VS 150-REV. 1/1/68

F	-3/N	1	000		HEALTH DEPARTMENT		00004
	247	69	606	1 CERTIFICA	TE OF DEATH	REG. NO6	9_6061
	ME OF DECI	ON H. FETTER				10 HOUR OF DEATH	12: 45 P
		IMORE, MARYLAND, W		INCED DEAD	4. USUAL RESIDENCE (Who	re deceased tived. If ins	stitution: residence before admission)
FULL HOSH INSTI	494	TIMORE SOLITOR	ENUE		MARYLAND C. CITY OR TOWN Baltimore E. STREET AND NUMBER		26-36 DE CITY LIMITS? YES NO NO
	BAL	TIMORE, MARY	AND # 2	21224	6707 DULUTH	AVENUE #212	126
S. SE	AT.E.	6. RACE WHTTE:	7. MARRIED [WIDOWED [NEVER MARRIED DIVORCED	B. DAILO 21711	9. AGE (In years lost birthday) 57	Il Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
OA, L	SUAL OCCU	PATION (Give kind of work vorking life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign cauntry)	12. CITIZEN OF WHAT COUNTRY
		Handler	Arcrod	s Co.	PENNSYLVA	NIA	U.S.A.
3. FA	ATHER'S NAA		TTEROLF		LUCY HUMM		
Yes, n	no or unknown)	Ever in U. S. Armed Far (If yes, give wor or dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT BCH RECORDS: 49		
N	8.			181-09-0091 CAUSE OF DEAT	BALTIMORE, MARY	LAND #21224	APPROXIMATE INTERVAL
TION	DISEASES OF THE SIGNIF OF THE DEATH	R CONDITIONS, if above cause (A) CONDITION lost. Il CANT CONDITIONS COMBINED TO THE CONDITION OF CONDITIONS CONDITIONS CONDITIONS GIVEN IN PAR	slating the NTRIBUTING HE TERMINAL	(c) Justice of AS	A CONSEQUENCE OF:	, Obstru	tion
CERTIFIC	9A. DATE OF	OPERATION 198. CON WAS PERI	DITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
_ 0	R CONTRIBU	IT WAS UNDERLYING TING CAUSE OF medical exominer)	218. hom etc.)	e, form, factory, street, of	n ar about 21C. WHERE DID iffice bldg., INJURY OCCUR?	(If In Baltimare	e City, give exact location)
MEDI	D. TIME F INJURY APPROX.)	(Manth) (Day) (Year)		INJURY OCCURRED te At Not While At Work	21F. HOW DID INJ	URY OCCUR?	1
		that ([]) (this hospital		/	15	19 (to	MMC 12 196 7. Inlon death accurred an the dot
23	nd hour ond BA. SIGNATU BA. SIGNATU	lugu 8.	Tock	enan Man	mding Med. 5. Director 23D. ADDRESS BCH: 1910 EA		
-	BURIAL CREA		0	ME of CEMETERY of CRI	MATORY 24D. L	OCATION " (Cit	y, town, or county) (Stole) Ltimore, Maryland
	DATE REC'D	JUN 1 6 1969	258 NAME C	red Heart of	25C. FUNERAL DIRECTO		ADDRESS Ave. Dundalk, Md.
VS 15	50-REV. 1/1/6	R		7, 10,			



IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

6

NO

Hours

APPROXIMATE INTERVAL

ADDRESS

If Under 24 Hrs. Hours : Min.



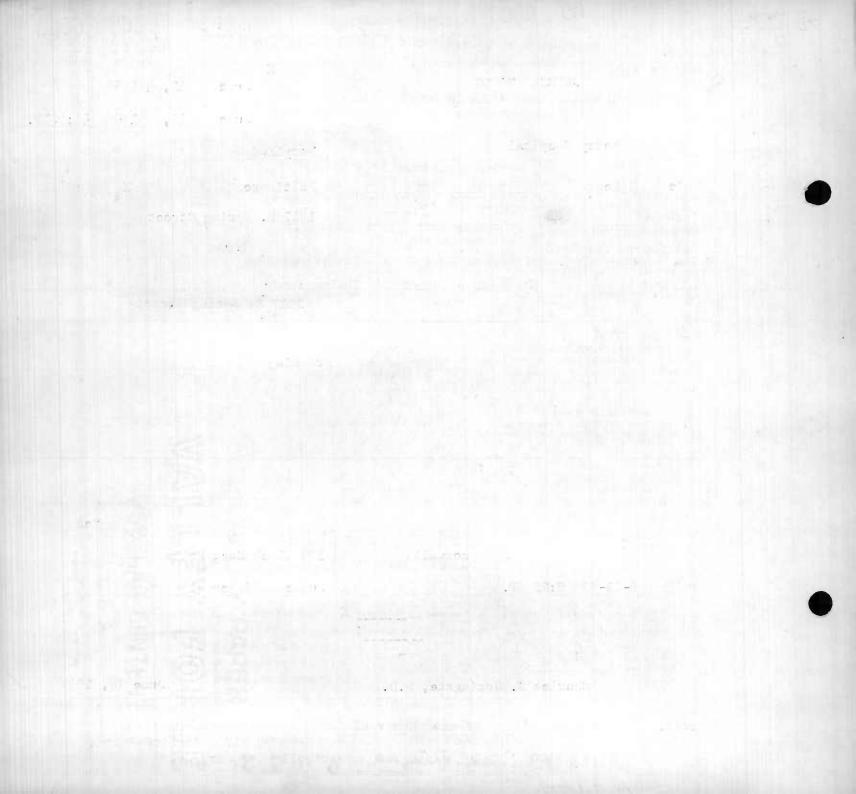
69 6063

BALTIMORE CITY HEALTH DEPARTMENT

69 6063

MEDICAL EX	XAMINER'S	CERTIFICATE	OF	DEATH.
------------	-----------	-------------	----	--------

BIR	TH NO.									REG. NO.			
	NAME OF DEC	EASED				2. DATE	Known [X Mo	nth	Doy	Yeor	Hour	
(IAt	e or Print)		JAMES	YO	UNG	OF DEATH	Estimoted	□ Ju	ne	13,	1969		м.
4.	PLACE IN BALT	IMORE, MA	RYLAND, W	HERE PR	ONOUNCED DEAD	3. DATE		Mo	onth	Doy	Yeor	Hour	141.
FUL	L NAME OF	(IF NO	TIN HOSPITA	LORINST	TITUTION, GIVE STREET	PRONC	UNCED DEA	D Ju	no	13.	1969	10:10	D
OR	SPITAL INSTITUTION	ADDRE	SS OR LOCAT	ION)		S USUAL	RESIDENCE (e before odmis	
	317	Merc	y Hospi	ital		A. STATE				COUNTY	C	A C	,
_				_		C. CITY O	Maryl	and		D. INICIDE C	ITV LIMITS	20/	
6.	SEX.	7. RACE		B. MARR	IED X NEVER MARRIED	C. CITY O	K IOWN			D. INSIDE C			
	Male	Negr		WIDOW			Balti	more		Υ	ES X	NOL	
9. [DATE OF BIRTH	1	10. AGE (In lost birthdoy		If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET	AND NUMB	ER					
	5-26-46		23				1817	N. Sp	ring	Street			
11.	BIRTHPLACE (S	tote or foreig	n country)		12. CITIZEN OF	13. FATHE							
	Baltimor	e. Mar	yland		U.S.A.			Yo	ung				
14A	USUAL OCCUI	PATION (Give	e kind of work 1	4B. KIND	OF BUSINESS OR INDUSTR	Y IS. MOTH	ER'S MAIDEN	NAME					
don	during most of w	orking lite, ev		C+ -1-1		mi - 1	V						
16.	Laborer WAS DECEASE	D EVER IN		Stebb FORCES		18. INFOR	ma Your		• •	. "A	DDRESS		
	, no or unknown)						181	7 N: S	Sprin	g Stree	et		
-	No. 19.	- 11.1			CAUSE OF DEA		ores You	mg	_			APPROXIMATE IN	TERVAL
	E 95	41			CAUSE OF DEA	in					8.8	TWEEN ONSET A	ND DEATH
			ITION DIREC	TLY									
		EADING TO			(A)IMMEDIATE		Drownin	g					
	heort foilure,	osthenio, etc.	mode of dyi	diseose,	DUE TO, OR	AS A CONSE	QUENCE OF:						
	injury or cam	plicotion which	ch coused deo	th.)									
	AN	TECEDENT	CAUSES		(R)								
	DISEASES C	R CONDITIO	ONS, IF ANY,	GIVING	DUE TO, OR	AS A CONS	EQUENCE OF:						
		IG CONDITI	ON LAST.	ING THE	(a)								
ő					(C)								
CERTIFICATION	OTHER SIGN		II NDITIONS CO	NTRIBU1	TING								
윤	TO THE DEA	TH BUT NOT	RELATED TO	THE TERM									
F					FOR WHICH OPERATION W	AS PERFOR	MED				21. AU	TOPSY? (Yes o	r No)
S	2											37	
A L	22A. EXTERI	NAL CAUSE	WAS	- 1	22B. PLACE OF INJURY (e.g.,	in or chout	22C WHERE	DID (If in	Roitimore	City give av	ort location	Yes	
0	UNDERLYING				home, form, factory, street, offic	e bldg., etc.)	INJURY OCC	UR?	DOMINION	City, give ax	oci rocono	3-07	
MED	UTING CA				seawall		500 B1					V	
2	OF INJURY	Month) (D	oy) (Yeor)		22E.INJURY OCCURRED	14/1111	22F. HOW D	ואטנאו טו	roccu	K?			
	(APPROX.)	6-13-6	9 9:25	5 P.	m. WHILE AT NOT	WHILE X	Jumped	off	seawa	all			
	23.					[V]							
	1 certi	ify that I h	eld an Ir	nquiry L	InspectionAu	topsy	ond that	on this l	basis, c	leoth in my	opinion		
	result	ed from: N	otural cous	ses 📙	Accident Suicid	de XI F	lomicIde 📖	Und	etermin	ed manner			
	100	11	0 6	7	1)6		CHIEF MEDI	CAL EXAM				DATE SIGN	VED
	SIGNATU	IDE (land	0.	Ja Jal MI	ASS	SISTANT MEDI	CAL EXAM	AINER	X		DAIL SIOI	120
	EXAMINI	10.0	CI 1			ASS	OCIATE MEDI	CAL EXAM	AINER] T.,	ma 1/	1060	
	NAME (T		Charles	S.	Springate, M.D.					Ju	ne 14	, 1969	
24.	A. BURIAL CREA	AATION, 2	4B. DATE	m in	24C. NAME of CEMETERY	or CREMAT	ORY	24D, LOC	ATION	(City, tow	n, or cour	ity) (Sto	te)
	MOVAL (Specif Burial	γ)	6-18-1	969	Arbutus Memo:	rial P	ark	Balti	more	, Mary	land		
	A. DATE REC'D	BY HEALTH			ALDUCUS FIGHIO		FUNERAL DI					nue	
23	. DATE REC D	ff.da.	1 . 400	1 0							a-Ave	nae	
		JUN.	16 196	الله الله	But E. Jaber M.	M	arshall	W. 730	nes,	Jr.			
V5	151-REV. 1/1/6B	110	911 1	1									,



1				ALTH DEPARTMENT	1/	60-19211
2 , ,	6	6064 CI	ERTIFICATE	OF DEATH	REG. NO	68-6984
BIRTH NO.	F DECEASED .				ND HOUR OF DEATH	4003
(Type or Pri		EDWARD	.H. SA		-10-69	3:40 p
2 DIACE I	N BALTIMORE, MARYLAND,			USUAL RESIDENCE (Whe		A Stitution: residence before admission
3. PLACE I	SALIIMORE MARILAND,	WHERE PRONOUNCED D	Ä.	STATE B. COUN	117	
FULL NAM	E OF (IF NOT IN HOSP	TAL OR INSTITUTION, GI	VE STREET	Md	BAL	7/3
HOSPITAL INSTITUTIO	OR ADDRESS OR LOG	CATION)	C.	CITY OR TOWN		IDE CITY LIMITS?
111			. ,	BALTIM	UKC	YES NO L
16/	ITHERAN HOS	PITALOT	Md E.	STREET AND NUMBER		
	21,10,			Rt. 15 1	30x 182	
. SEX	6. RACE	7- MARRIED TO NEVE	R MARRIED 8. C	DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
M	W		DIVORCED	1-29-19	9. AGE (In years last birthdoy) 50	Months Days Hours Min.
OA, USUAL	OCCUPATION (Give kind of we	Land				12, CITIZEN OF WHAT COUNTRY
	nost of working life, even if retired					
20 1	TO COUNTY			MD		USA
13. FATHER	SNAME			MOTHER'S MAIDEN NA		
5	AMVEL H	. ADAMC		ANNIE	CRUM	184
15. Was De	eased Ever in U. S. Armed F known) (If yes, give wor or do	orces? 16. SOCI	AL 17.	INFORMANT	011010	ADDRESS
		tes of service) SECU	RITY NO.			
PE.	wwI		-16-6215	THELMA 1	70AMS	ABOVE
18. 4	12.4	CA	USE OF DEATH	Phlmonary protable A SNSEQUENCE OF:	employee	BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION D			100		•
/This	LEADING TO DEATH	14	IMMEDIATE CAUSE	provide 4	picht fine	umenia
	aes nat mean the made of					
	ar camplication which couse		P 0	, U. T	- Falling	dusta (a Promis
	ANTECEDENT CAUSE	S	Conge	stwe new	Manne	due to (chronic
DISEA	SES OR CONDITIONS, if	any, giving	DUE TO, OR AS A			
	a the abave cause (A RLYING CONDITION lost,	stating the	ASC	UD		
ONDE	LING CONDITION 1051.	(C)1.1/			
Z	II SIGNIFICANT CONDITIONS C	ONTRIBUTING				
TO THE	DEATH BUT NOT RELATED TO	THE TERMINAL				
U TIPA. DA	TE OF OPERATION 198. CO	NDITION FOR WHICH O	PERATION	20A. AUTOPSY? (Yes or N.	o) 20B. IF YES. WERE	FINDINGS CONSIDERED
DI 19A. DA	WAS PE	RFORMED		ALA	IN CERTIFYING CA	USES OF DEATH?
U 21A. A	CIDENT WAS UNDERLYING	21B, PLACE O	F INJURY (e.g., in or	obout 21 C. WHERE DID	(If in Boltimor	re City, give exoct location)
_ OR CO	NTRIBUTING CAUSE OF (notify medical examiner)	home, form, f	octory, street, office	bldg., INJURY OCCUR?		
O						
OF INJ				21F. HOW DID IN.	URY OCCUR?	
(APPRO	X.)	While At Work	Not While L			
22. 1 0	ertify that (I) (this hospit	al) attended the deceo	sed from	28	19 69 10	6-10 1969
	(we) last saw the decea:	1-	10 . 3:40 P	M19 69 and 11		Inian death accurred an the dat
-					.w(y/ (doi/ dp)	an deam accorred an the dat
	ur and fram the causes st	ated abave. (I) (We) (d	id) (did nat) view	the body after death.		DATE CONT
23A. SI	INATURE CALL	10 1	Ame, de	Mad C	2 11 -2	23B, DATE SIGNED
	NY P	· · · ·	Attendin Phys.	Med. Director	Staff Phys.	
23C. PH	YSICIAN'S	11		ADDRESS		
NA	SOUNG	YOON HUI	460	Listh	T-RAN H	OSPITAL of mit
24A, BURIA	CREMATION, 248. DATE	24C, NAME of C	MODEGREE EMETERY OF CREMA	TORY 24D. I		ity, town, or county) (State)
REMO	VAL (Specify) 6/13/	10	7.77			
	VRIAL 113/	P) HOLLY	HILL	B	ALTO. M	D,
25A. DATE	REC'D BY HEALTH DEPT.	25B. NAME OF REGIST	RAR	25C, FUNERAL DIRECTO		ADDRESS
	JUNI 19 13K	Julie BE, 40	Liber M.D.	9. G. COM	WELL, .	5015 300 MAC
S 150-REV	1/1/68					

The state of the particular to the state of TE CORSILLE FORS JOY OFF

54-41-98 vlb]	A -550 BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 69 6065	5
if and death death seased in the Such	BIRTH NO. 69 GUGS CERTIFICATE OF DEATH REG. NO. 1. NAME OF DECEASED A MAN HOUR OF DEATH (Type of Print) 2. DATE AND HOUR OF DEATH (Type of Print)	43
of decon	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, It institution: residence before a state of the county)	ore odmission)
hosp Jse (5) land dec	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?	00
d in cau	Baltimore City Hospitals 4940 Eastern Avenue Baltimore, Maryland 21224	<u>XX</u>
- 2 0 D	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lift Under 1 Yr. If Un	Under 24 Hrs.
ath in in	Female White WIDOWED DIVORCED 1-14-1887 82 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Whouse Wice Widows Wid	AT COUNTRY
if dect was was the the	13. FATHER'S NAME NORMAN Blubaugh	
Ssistant the dir kind; (death nce on	15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 188-22-1017A Records: Baltimore, Maryland 21224	
IMPO or his as Also, if re of any nounced attenda	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:	SET AND DEATH
cal examiner al examiner. s; (3) A fracturian who proposition who proposition as in regular	heart foilure, asthenio, etc. II means the disease, injury or complication which coused death.) ANTECEDENT CAUSES (B) DUE TO, OR AS A CONSEQUENCE OF:)
al exa Exa (3) A an which is in re-	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the obove cause (A) stating the UNDERLYING CONDITION last. (C)	
- 0 E. 0 0	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	*******
FUNERAL le chief med by a medi 2) Body bur re the phys physician w	198. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? (Yes of No.) YES 200. AUTOPSY? (Yes of No.) YES	
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) (If in Baltimore City, give exact location bldg., INJURY OCCUR?	ion)
ed b nosp atur pt w (6)	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURED While At Work 21F. HOW DID INJURY OCCUR?	
appreto the the of any all (ex h); are be object.	22. I certify that (I) (this haspital) attended the deceased fram 6/11 12:10 AM 19 69 to 6/11 11:13 AM that (I) (we) last saw the deceased alive an 6/11 19 69 and that in(my) (our) apinion death occurred and haur and from the causes stated above. (I) (We) (did) (did nat) view the body after death.	
st be used ent ent deat	23A. SIGNATURE (23B. DATE SIGNED	

ITY LIMITS? NOXX Under 1 Yr. If Under 24 Hrs. Hours | Min. CITIZEN OF WHAT COUNTRY? USA THER enue Address 21224 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH NGS CONSIDERED , give exact location 17:43 AM deoth occurred on the dote DATE SIGNED 6/11/69 Attending Phys. shows: (1) An accid Med. eceased prior to Director written approval 23 C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 4940 Eastern Avenue Bal timore, Maryland 2122/1
24D. LOCATION (City, town, or county) 24C. NAME OF CEMETERY OF CREMATORY was D.O.A. 24A. BURIAL CREMATION, 24B. DATE REMOVAL ADDRESS MACE 300 0 VS 150-REV. 1/1/68

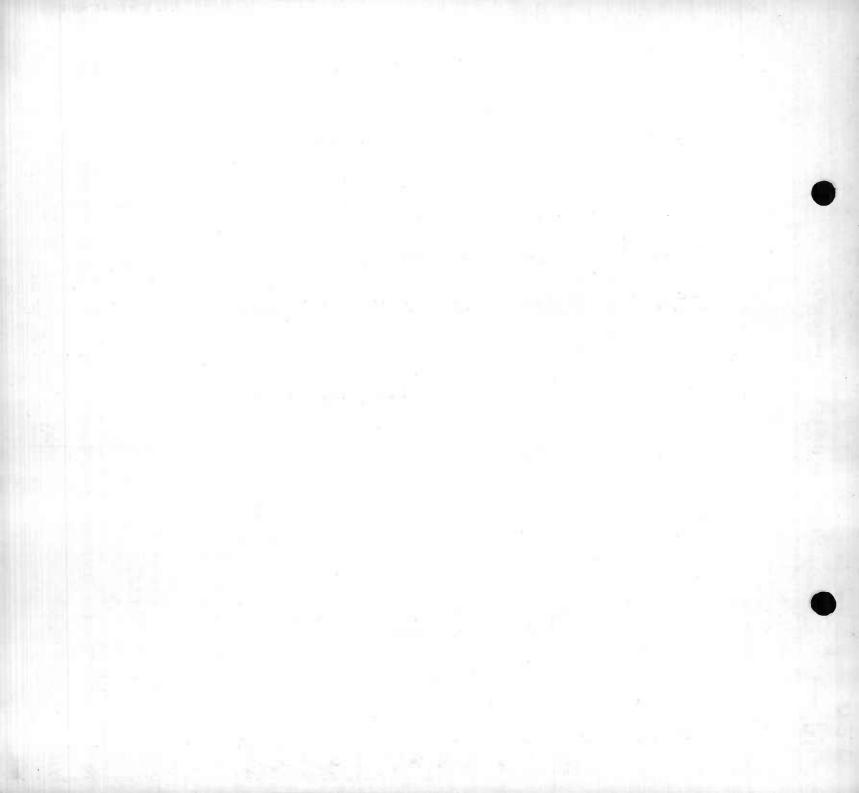
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60 6067	BALTIMORE CITY HEALTH DEPARTM	V 250 110	69 6067
BIRTH NO.	CERTIFICATE OF DEA	TH REG. NO.	
1. NAME OF DECEASED	2. 0	ATE AND HOUR OF DEATH	· · · · · · · · · · · · · · · · · · ·
(Type or Print) ROBERT R.	+ARLAND	6-13-69 E (Where deceased lived, If i	1 4:15 A.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOL	A. STATE	COUNTY	Institution; residence belore odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	TION, GIVE STREET	[A] (O)	SIDE CITY LIMITS?
Worth Charles Se	ueral Hospital # 7	INKSBURG	YES NO NO
77 Baltinine, Md.	42/8 E. STREET AND NU	# 2	
5. SEX A 6. RACE 7. MARRIED	NEVER MARRIED B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
WIDOWED 10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF	BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stot	e or foreign country)	12, CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	BER North	, Onaline	(1.5.4.
13. FATHER'S NAME	14. MOTHER'S MAII	DEN NAME	3.77
Edward Garlan	d Rose	e Elles	
15. Was Deceased Ever in U. S. Armed Forces? (Yes no grunknown) (II yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 17. INFORMANT ME	S. BEATRICE GARLI	AND ADDRESS
intleion ROREAN	2/8-28-0341 (Wite)	14.#2 FIL	OKSBURG MA.
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH Upper	youstwintest	Eugh BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not meen the mode of dying, e.g.,	(A) IMMEDIATE CAUSE	ua 2º to Eso	planed Varices
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	DUE TO, OR AS A CONSEQUENCE OF	Jones Time	1
ANTECEDENT CAUSES	The second of	11	
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS A CONSEQUENCE O	14.5-15	
rise to the obove cause (A) stoling the UNDERLYING CONDITION last,	(c) Ollining	Tremens	
II	(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).			
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	HICH OPERATION 20A. AUTOPSY? (Y	es of No. 20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B	PLACE OF INJURY (e.g., in or about 21 C. WHER	F DID (II in Rolling	ore City, give exoct location)
OR CONTRIBUTING CAUSE OF hom etc.	i. lorm, factory, street, office bldg., INJURY OC	CUR?	ore City, give exact location;
W OF INTIES	INJURY OCCURRED 21F. HOW	DID INJURY OCCUR?	
(APPROX.)	e At Not While At Work		
22. I certify that (I) (this hospital) attended t	1 12	19 69 to	6 - 13 19 6 9
that (I) (we) lost sow the deceased alive on			olnton death accurred on the date
and hour ond from the couses stated above.	(We) (did) (did not) view the body offer	deoth.	23 B, DATE SIGNED
23A. SIGNATURE	Attending Med. Direct	Staff Phys.	6-13-69
23C. PHYSICIAN'S NAME (Type)	DEGREE 23D ADDRESS	Prouden Ger	1. Homital
AURORA P. CUEV.	15 M.D. DEGREE Baltil	une. Md.	21218
24A. BURIAL CREMATION, 24B. DATE 24C.N.	ME of CEMETERY OF CREMATORY	24D. LOCATION (City, lown, or county) (Stote)
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME S	FOUGL DESC. EUNERAL D	Bakusul	lle ADDRESS
JUN 1 7 1969 136 8	Jaba Ra	Doubles	lake M. ml
VS 150, REV 1/1/68	yanaw?	Jungar W	The state of the s



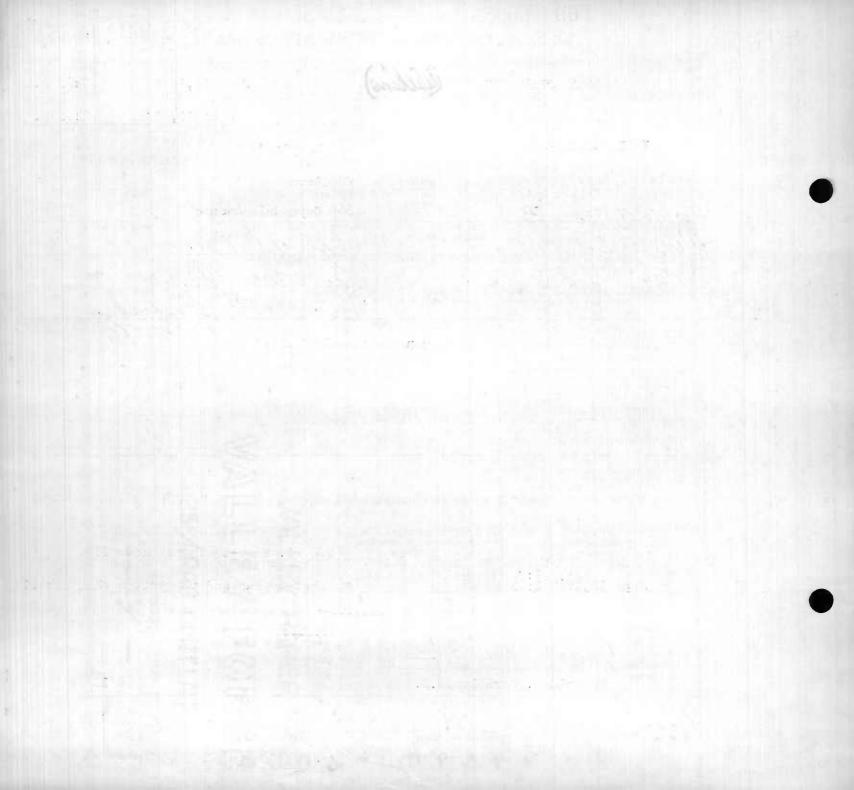
W-425

69 6068 BALTIMORE CITY HEALTH DEPARTMENT

69

6068

BIRTH NO.											
1. NAME OF DE		EAN W	ILKENS (WALK	bin	OF	n 🔲	Month June	13,196	Year 59		A . M.
4. PLACE IN BA	LTIMORE, MARYLAND,			~,-	8. DATE		Month	Doy	Yeor		//1.
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSP ADDRESS OR LOG		TITUTION, GIVE STREET		PRONOUNCED [127		ne 13,			A . M.
1111	NAI HOSPITAL				5. USUAL RESIDENCE A. STATE Mary		e dece ased	B. COUN		before admi	ssian)
6. SEX	17. RACE	В в пр	IED NEYER MARRIED		C. CITY OR TOWN	Land		D. INSID	E CITY LIMITS	2	_
Female	Negro	1									
9. DATE OF BIRT		WIDOW	JED DIVORCE		Woodlawn				YES	_NO L	
march	27, 1936 lost birth		Months Days Hours		2608 Gwyn		e Aver	nue			
11. BIRTHPLACE	State or foreign country)	12. CITIZEN OF		13. FATHER'S NAME			2 /	,		
TILIMAL	on Colina	ne	WHAT COUNTRY?		Jan	111	/	hun	v .)		
			OF BUSINESS OR IND	ÚSTR'	15. MOTHER'S MAIL	DEN NA	ME	1	1		
dane during mast of	warking life even if retired	1) 77			(Luno	MIN	. 1	land	01		
16 WAS DECEASE	SED EVER IN U.S. ARM	ED FORCES	? 17. SOCIAL		18: INFORMANT	LLA		1016	ADDRESS	2	_
(Yes, na or wnknawn	(If wer, give wor or date	s of service	SECURITY NO		000	1	1		ADDRESS!	. 7	
Tio -					June	R/4	- 0 ju	1 mi	a che	eree	
F 9	651X		CAUSE OF	- 6		14	M	com	U EL BE	APPROXIMATE II	
DISEAS	SE OR CONDITION DIE	RECTLY	Guns	sho	t wound of	chest			,		
	LEADING TO DEATH		(A)IMMED!	ATE	CAUSE						
heort foilure	not mean the made of e, osthenia, etc. It meons t mplication which caused o	he diseose,			AS A CONSEQUENCE C	DF:					
	NTECEDENT CAUSES		(B)	0.0	16.1.0001650151105						
RISE TO TH	OR CONDITIONS, IF A	NY, GIVING	DOE TO	, OK	AS A CONSEQUENCE	01:					
UNDERLYII	NG CONDITION LAST	•	(c)								
9	II			-		_					
O THE DE	NIFICANT CONDITIONS ATH BUT NOT RELATED TO R CONDITION GIVEN IN	TO THE TERM					~~~				
20A. DATE O			FOR WHICH OPERATIO	N W	AS PERFORMED				21. AU	TOPSY? (Yes	or No)
IIII											
₹ 22A. EXTER	NAL CAUSE WAS		22R DI ACE OF INITIDY	100	in as about 22C WHE	DE DID	/If in Rollin	nara City win	e evest lesstics	yes	
	GEOR CONTRIB-		22B. PLACE OF INJURY home, farm, foctory, street	, affic							8-02
-	USE OF DEATH.		Hor						t Room	2608	
OF INJURY	Pot	1:00) 22E.INJURY OCCUR		22F. HOV	A DID IN	JURY OC	CUR?	r		
(APPROX.) J	une 13,1969	1:43	An. WORK		WHILE Shot	by h	usban	d who	inturn	shot hi	imself
23.	tify that I held on	Inquiry [Inspection	Au	topsy X ond t	hot on t	his bosis	s, deoth In	my opinion		
encul	ted from: Notural co		Accident S		de Homicide	C		nined monr			
16501	THEO ITOMIC PROTOCOL CO	10363	Accident	orci			EXAMINER		101		
ACTUAL	1/201	1 11	1/1/							DATE SIG	NED
SIGNAT		//	Cul	_M.E	ASSISTANT M	EDICAL E	EXAMINER	X			
EXAMIN NAME (Ponold	N. Ko	rnblum, M.D.		ASSOCIATE M	EDICAL E	EXAMINER		6/	13/69	
24A. BURIAL CRE		1	24C. NAME of CEME	TERY	or CREMATORY	24D.	LOCATIO	N (City,	town, or coun	ty) (Ste	ate)
REMOVAL (Spec	A lance	7/19	1/14/11	1	-17 Min to	16	/	1./	7.	n m	
25A DATE OF THE	BY HEALTH DEPT.	1/0/ N	AME OF REGISTRAR	M	25g FUNERAL	DIPLOT	00	1141	ADDRESS	MA	
ZJA. WATE REC'U	TITLE TO A			A	D ZO PUNERAL	DIRECT	OK .	0	ADDRESS	1	
	JUNITA	3013 06	Bert E. Harber		men medo	11/2	Esek	con /	12911	Caux	wint 1
VS 151-REV. 1/1/6	B 1	4	1		0						1



IMPORTANT

DIRECTOR:

VS 150-REV. 1/1/68



BIRTH NO.

FULL NAME OF HOSPITAL OR INSTITUTION

5. SEX

Female

I NAME OF DECEASED (Type or Print)

6. RACE

August E. Rochlitz

15. Was Deceased Ever in U. S. Armed Forces?

that (1) (we) last saw the deceased alive

Stephen Toms M.D.

6/16/69

done during mast of warking life, even if retired)

At home 13. FATHER'S NAME

White

69	6070
	0070

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

Bolton Hill Convalescent Home

10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDU

Elizabeth B. Smith

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

WIDOWED

MARRIED NEVER MARRIED

6. SOCIAL

and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death.

DIVORCED

BALTIMORE (

CEDTIEIC A TI	E OF DEATH	RE
LEKTIFICATI	E OF DEATH	

CITY	HEALTH DEPARTMENT			
CA	TE OF DEATH REG.	NO.	69 6070	
	2. DATE AND HOUR OF	DEATH		
	June 13, 1	.969	6:30 P.M. M.	
	4. USUAL RESIDENCE (Where deceased li-	ved. If ins	titution: residence before odmissian)	
	Maryland		2 6 -3 2 DE CITY LIMITS?	
	C. CITY OR TOWN	CITY OR TOWN D. INSID		
	Baltimore YES A NO			
	4416 Kavon Ave.			
	B. DATE OF BERTH 9. AGE (In ye	ors	If Under 1 Yr. If Under 24 Hrs.	
	Oct. 2, 1884	84	741011115	
STRY	11. BIRTHPLACE (State ar fareign country)		12. CITIZEN OF WHAT COUNTRY?	
	Maryalnd		U.S.A.	
	14. MOTHER'S MAIDEN NAME			
	Ontone Mlady			
	17. INFORMANT		ADDRESS	
2	August E. Smith 1307	High	Land Drive	
EATH			APPROXIMATE INTERVAL	
	0			
CAUS	SE Carcinoma of Des	tin	n Zup	
ASA	CONSEQUENCE OF:			

(Ye	s, no or unknown) (If yes, give war or dotes of service)	SECURITY NO. 216-24-0112	August E. Smith	h 1307 Highlan	d Drive	
RTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This daes nat mean the made of dying, e.g. heart failure, asthenia, etc., it means the diseas injury or complication which caused death.)	(A) IMMEDIATE CA. DUE TO, OR AS	H USE CARCINAMA A CONSEQUENCE OF:	of Testum	approximate interval BETWEEN ONSET AND DEAT	
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION tast. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL					
	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED	+0.000000000000000000000000000000000000	20 A. AUTOPSY? (Yes ar Na)	20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES	NGS CONSIDERED OF DEATH?	
CAL CE	21A. ACCIDENT WAS UNDERLYING 2 OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	in or about 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimare City,	, give exoct lacation)		
MEDI	OF INJURY	E. INJURY OCCURRED /hile At	21 F. HOW DID INJU	RY OCCUR?	. 1 -4	
	22 I south that (1) (this bereited) attended	the deserred from	1	0 600	- 112169 10	

VS 150-REV. 1/1/6B

23C. PHYSICIAN'S NAME (Type)

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)

23D. ADDRESS

Attending Phys.

A.D. DEGREE
24C.NAME of CEMETERY OF CREMATORY

Bohemian National

25C. FUNERAL DIRECTOR UDrich Funeral Home 4210 Belair Road.

1712 Winford Road.

24D. LOCATION

Med. Director

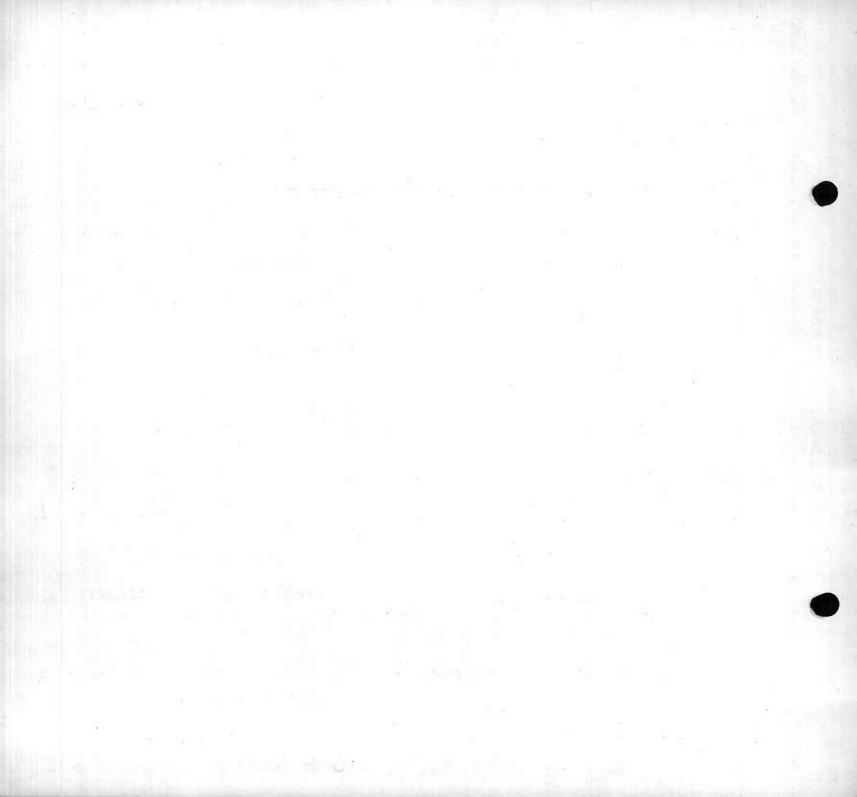
ADDRESS

(Stote)

(City, town, or county)

Baltimore, Md.

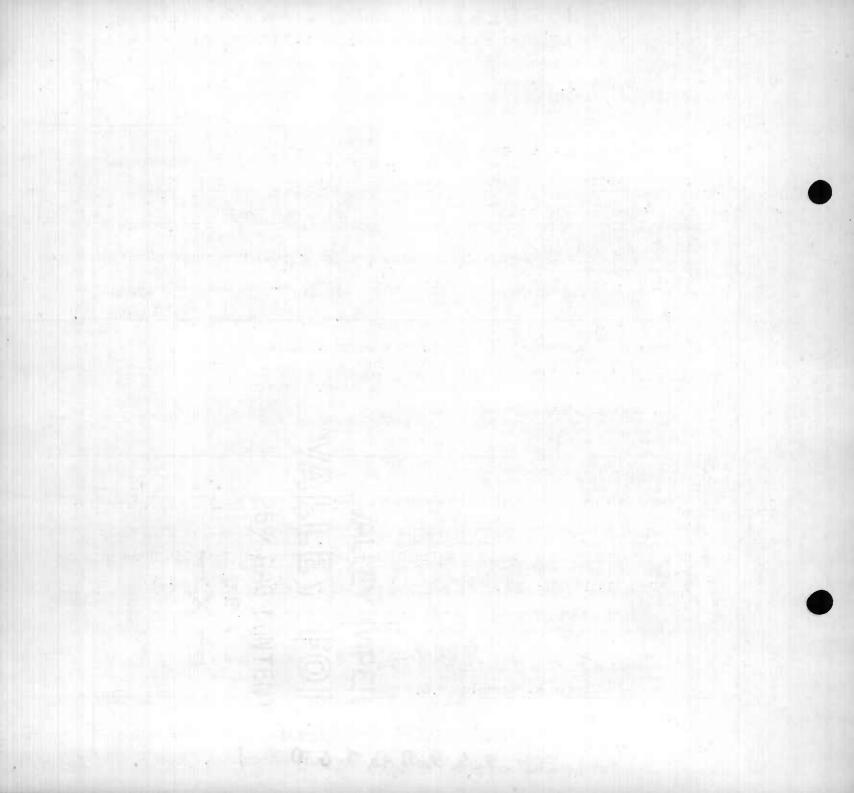
and that in (my) (our) opinion death occurred on the date



69 6071. BALTIMORE CITY HEALTH DEPARTMENT

X	69	6071
		3017

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	00 0011					
BIRTH NO.	REG. NO.						
1. NAME OF DECEASED (Type or Print)	2. DATE Known Month Doy	Year Hour					
JOSEPH J. AMEDORE	DEATH Estimoled June 13, 19						
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy PRONOUNCED DEAD	Year Hour					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	June 13, 19						
ORINSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If institution: A. STATE B. COUNTY	residence before odmission)					
MARYLAND GENERAL HOSPITAL	Maryland Balta, C	0. 53-00					
6. SEX 7. RACE B. MARRIED NEVER MARRIED		Y LIMITS?					
Male White widowed □ DIVORCED □	Baltimore YES	O NO					
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs lost birthdoy) Months, Doys, Hours I Min	E. STREET AND NUMBER						
4/28/150 lost birthdoy) 19 Months Doys Hours Min	1931 Ormand Road						
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME						
Baltimore, maryland USA WHAT COUNTRY?	John A. Amedone						
14A.USUAL OCCUPATION (Give kind of work[148. KIND OF BUSINESS OR INDUSTI	TY 15. MOTHER'S MAIDEN NAME						
Pipe m etal Bethlehem Ste	edith A Continu						
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	18. INFORMANT ADI	DRESS					
(Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO.	Man Edith Anadar - 1931 On	mand Rd.					
19. CAUSE OF DE	ATH COLOR TIME CORE TO THE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY Gunshot	wound of Abdomen	BETWEEN ONSET AND DEATH					
LEADING TO DEATH							
(This does not mean the mode of dying, e.g., DUFTO. OF	(A)IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUF TO, OR AS A CONSEQUENCE OF:						
injury or complication which coused death.)	heart failure, astheria, etc. It means the disease,						
ANTECEDENT CAUSES							
	R AS A CONSEQUENCE OF:	The specimen reports the property of the specimen density of the specimen s					
RISE TO THE ABOVE CAUSE (A) STATING THE							
(c)							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V							
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		7.444444 C MO TO TO THE					
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	VAS PERFORMED	21. AUTOPSY? (Yes or No)					
0 2							
Z22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g.	yes (locotion)						
	UNDERLYING ② OR CONTRIB- home, form, foctory, street, office bldg., etc.) INJURY OCCUR?						
UTING CAUSE OF DEATH. White Coffee Pot Howard and Franklin Streets 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E,INJURY OCCURRED 22F. HOW DID INJURY OCCUR?							
OF INJURY	DF INJURY						
APPROX.)June 13,1969 2:40 A.m. WHILE AT WORK Subject shot by proprietor							
1 certify that 1 held an Inquiry Inspection A	1 certify that 1 held an Inquiry Inspection Autopsy ond that on this basis, death in my opinion						
resulted from: Notural causes Accident Suicide Homicide W Undetermined manner							
CHIEF MEDICAL EXAMINER							
ACTUAL held I know	ASSISTANT MEDICAL EXAMINER	DATE SIGNED					
SIGNATURE M. M. EXAMINER'S	ASSOCIATE MEDICAL EXAMINER						
NAME (Type) Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINARY	6/12/60					
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER	ar CREMATORY 24D. LOCATION (City, town,	or county) (State)					
REMOVAL (Specify) Burial 6/17/169 Haly Redace	6 , 0 ,	, ,					
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	SC EUNIEDAN DIDECTOR	press					
The state of the state of	12 d 66 40 M/2 19 2000 0	. Baltimore St					
JUN 1 7 1969 willes E. Jabes A	Doho AD Moran Inc. 3000 8	· Baltimore St					
VS 151-REV. 1/1/6B							



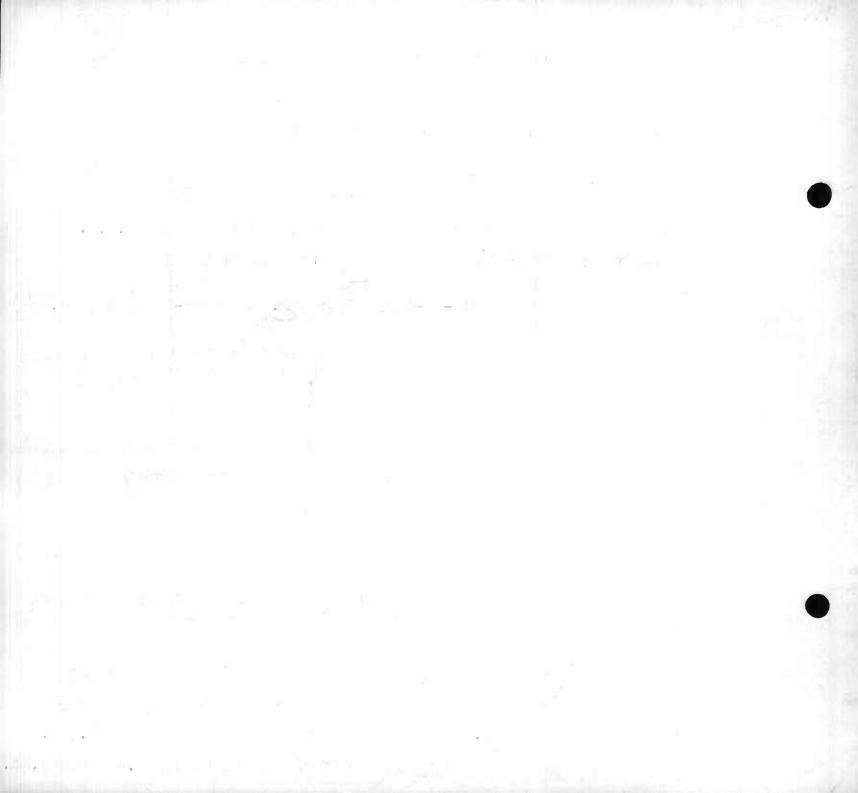
IMPORTANT

FUNERAL DIRECTOR:

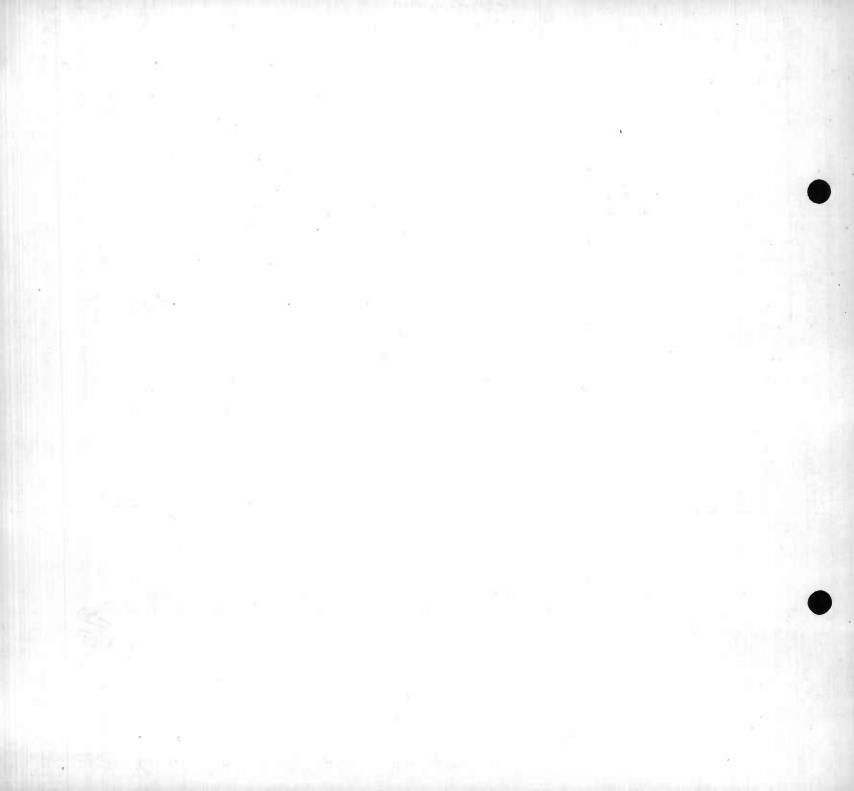
	69 6072	BALTIMORE CITY	HEALTH DEPARTMENT	C6	0000	
ВІ	RTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	7 00/6	
1.	NAME OF DECEASED	manuel	2. DATE AN	HOUR OF DEATH	69 6250	
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN		4. USUAL RESIDENCE (When	deceased lived If ins	titution: residence before admissi	
H	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION)	ON, GIVE STREET	MARY LAN.	D U	·SA6-01	
IIN.	ISTITUTION	if .	C. CITY OR TOWN D. INSIDE CITY LIMITS?			
\$	FRANKLIN SQUAR	RE Hosp	E. STREET AND NUMBER	· ·	YES NO	
-	SEX 6. RACE 17. MARRIED TO MAKE 19.		1 / 1	ST Ave		
	MIDOWED M	DIVORCED	5-1-89	ost birthday	If Under 1 Yr. If Under 24 H Months Doys Hours Min.	
10/	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BL	SINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n countryl	12. CITIZEN OF WHAT COUNT	
		edring		CE	U.8A	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	I.E.	1	
C	18TOPPIER AUG	USTIS	Un knou	on		
15. (Ye	Wos Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of service)	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
		108-01-0524	Steve A	JUGUST	same	
	18.4412.3	CAUSE OF DEATH			APPROXIMATE INTERVAL	
	DISEASE OR CONDITION DIRECTLY		Congestin	1. + 1.	-A	
	LEADING TO DEATH	(A) IMMEDIATE CAU	36	wear ja	eley,	
	IThis does not meon the mode of dying, e.g., heart foilure, asthenio, etc. It means the disease,					
	injury or camplication which caused death.)	Car	1333.	Con & d		
1	ANTECEDENT CAUSES	(B) It4/2	rioscleratio	heart d	Her-	
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the	DUE TO, OR AS	A CONSEQUENCE OF:			
1	UNDERLYING CONDITION lost	(c)				
١	11					
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	*******************	·			
U	19A-DATE OF OPERATION 19B CONDITION FOR WHI	CH OPERATION	20A. AUTOPSY? West or No.		NDINGS CONSIDERED	
CERTIFI	0		Mo	IN CERTIFYING CAU	SES OF DEATH?	
CALC	21A. ACCIDENT WAS UNDERLYING 21B. PL/ OR CONTRIBUTING CAUSE OF home, 1 DEATH (notify medical examines)	ACE OF INJURY (e.g., in form, foctory, street, off	or obout 21C. WHERE DID ice bldg., INJURY OCCUR?	(If In Boltimore	City, give exact location)	
MEDIC	21D-TIME (Month) (Doy) (Your (Hour 21E IN.	JURY OCCURRED	21F. HOW DID INJU	RY OCCUR?		
×	(APPROX.) While Work	At Work				
	22. I certify that (I) (this haspital) attended the deceased from // - 20 19 9 to					
1	that (1) (we) last sow the deceased alive on 6-13-19-19 and that in (my) (our) opinion death occurred on the dole					
	and hour and from the causes stated abave. (1) (We) (did) (did not) view the body after death.					
	23A. SIGNATURE 23B. DATE SIGNED					
	(Vamman		ding Med. S	roff 🖂	6-12-10	
	23C.PHYSICIAN'S	DEGREE Phys.	Director L.J. P	hys. Led	0 13-69	
	NAME (Type)	10 W.	ON ADDRESS		/	
247	A RUPLAL CREMATION DAR DAYS	DEGREE				
1	A BURIAL CREMATION, 24B. DATE 24C. NAME REMOVAL (Specily)	of CEMETERY of CRE	MATORY 24D. LO	CATION (City,	town, or countyl (Stole)	
	Burial 6-16-69 Gree	K Orthod	ex Conctery Bo	altimore	Ind.	
25/	A. DATE REC'D BY HEALTH DEPT. 258 NAME OF R	EGISTRAR	25C. FUNERAL DIRECTOR	/	ADDRESS	
	JUN 1 7 1969 Jable &.	Valori, M.D.	Michada 3	ern Ave.	Baltimore Ma	



326	69 6073 BALTIMORE CITY HEALTH DEPARTMENT KEG. NO. 69 6073
0 0 0	Type or Pant) MATILDA MATTHEWS 2. DATE AND HOUR OF DEATH 6:30 PM
000	A. STATE B. COUNTY WHERE PRONOUNCED DEAD A. STATE B. COUNTY MARYLAND CHARLES MARYLAND CHARLES MARYLAND CHARLES MARYLAND CHARLES
car.	HOSPITAL OR ADDRESS OF LOCATION OF STREET C. CITY OF TOWN THE JOHNS HOPKINS HOSPITAL C. CITY OF TOWN LA PLATA YES NO
bed cate are are prior de.	E. STREET AND NUMBER
rmin egul ssed	FEMALE NEGRO NEVER MARRIED DIVORCED 5-13-19 Set Divindey 50 Months Doys Hours Min.
or nde de de itior	OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Cook Restaurant Pomfret, Maryland U.S.A.
h th	Anthony Muschette 14. Mother's Maiden NAME ELIZABETH HILL
- 113	Wos Deceosed Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or doles of service) NO 16. SOCIAL SECURITY NO. 212-32-4873 George L. Matthews-La Plata, Md.
med or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ular at mbatm	LEADING TO DEATH (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) (A) IMMEDIATE CAUSE METASTATIC CARCINOMA Comon. DUE 10, OR AS A CONSEQUENCE OF: Primery PROBABLY LUNG
in reg	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving nise to the obove cause (A) stoling the UNDERLYING CONDITION last. (B) DUE TO, OR AS A CONSEQUENCE OF: (C)
e remair	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING JUTRAUASC. CONSUMPTIVE COAGULOPATITY DISEASE OR CONDITION GIVEN IN PART 1 (A). JUTRAUASC. CONSUMPTIVE COAGULOPATITY
ore the	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
1	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
MEDI	21 D. TIME (Month! (Doyl (Yeorl (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY (APPROX.) While AI Not While At Work At Work
	22. I certify that (1) (this haspital) attended the deceased from MAY 1 19 65 to CONE 4 19 65 that (11) (we) lost sow the deceased alive on ONE 4 19 65 and that in (my) (aur) opinion death occurred on the date
	and hour and from the couses stated above (1) (We) (did) (did nat) view the body after death. 23A, SIGNATURE
	Donglas 7. Fearon M. D. Attending Med. Staff Director Phys. C. 14 168
24	DOUGLAS T. FEAROU M. D. DEGREE The Johns Hokins Hospital Balt. Md.
	Burial 6/9/1969 St. Joseph's Cemetery Pomfret, Charles Co., Md.
M25	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS APPRIL FUNERAL DIRECTOR ADDRESS APPRIL FUNERAL DIRECTOR ADDRESS APPRIL FUNERAL DIRECTOR ADDRESS APPRIL FUNERAL DIRECTOR ADDRESS ADDRESS APPRIL FUNERAL DIRECTOR ADDRESS ADDRESS APPRIL FUNERAL DIRECTOR ADDRESS APPRIL FUNERAL DIRECTOR ADDRESS APPRIL FUNERAL DIRECTOR ADDRESS ADDRESS APPRIL FUNERAL DIRECTOR ADDRESS ADDRESS APPRIL FUNERAL DIRECTOR ADDRESS APPRIL FUNERAL DIRECTOR ADDRESS ADDRESS APPRIL FUNERAL DIRECTOR ADDRESS APPRIL FUNERAL DIRECTOR ADDRESS ADDRESS APPRIL FUNERAL DIRECTOR ADD



VS 150-REV. 1/1/68



BIRTH NO. 69 6075 CERTIF	ICATE OF DEATH XREG. NO. 69 6075
I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
GRANDER, SARAH ELIZABETI	H JUNE 15, 1969 6:25 A. M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A, STATE B, COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREE ADDRESS OR LOCATION)	MARYLAND 40 21043 63-00
	FILICOTT CITY
YOST. AGNES HOSPITAL WILKENS & CATON AVENUES	E. STREET AND NUMBER
BALTIMORE, MARYLAND 21229	3330 ST. JOHN'S LANE
FEMALE WHITE WIDOWED DIVORCE	D 11-28-74 lost plustody) Months Doys Hours
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR IND dane during most of working life, even if retired)	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
SALES CLERK	NEW JERSEY U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ANTHONY VAN HOOK DEC D	,,,,,
5. Was Deceosed Ever in U. S. Armed Farces? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17- INFORMANT BALIO; MD. 21229 ADDRESS
no	
18. 4 10 3 1 CAUSE OF	DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
heart failure, asthenia, etc. It means the disease, injury or camplication which coused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the	TE CAUSE Arterias elevatic Heart alustase OR AS A CONSEQUENCE OF: OR AS A CONSEQUENCE OF:
UNDERLYING CONDITION lost. (C)	***************************************
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED ANGRENE	LEG NO 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY home, form, factory, site etc.)	(e.g., in or obout 21C, WHERE DID (If in Ballimore City, give exact location) eet, office bldg., INJURY OCCUR?
	D 21F. HOW DID INJURY OCCUR?
22. I certify that XIX(this hospital) attended the deceased from	XMMXXXX 05-3119 69 to JUNE 15 19 69
that (1) (we) lost saw the deceased alive on JUNE 15	
and hour and from the couses stated above (Ne (We) (did) (did)	nat) view the body after death.
	Attending Med. Stoff
Buden V. Luna, MD. DEGREE	Phys. Director Phys. 0-15-69
RUBEN V. LUNA, M.D.	ST. AGNES HOSP. BALTIMORE, MD. 21229
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY CREMOVAL (Specify)	er CREMATORY 24D. LOCATION (City, town, or county) (State)
BURIAL 6-18-1969 FERNWOOD CEME	TERY Royersford, Montgomery Co. Penna.
25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C FUNERAL DIRECTOR ADDRESS
JUN 1 7 1969 Robert E. Farber M.	Wm. Cook-Brooks Towson, 1050 York Road
/S 150-REV. 1/1/68	Towson, Maryland 2

Colled St. agree date y exercision 6-10-69. CT

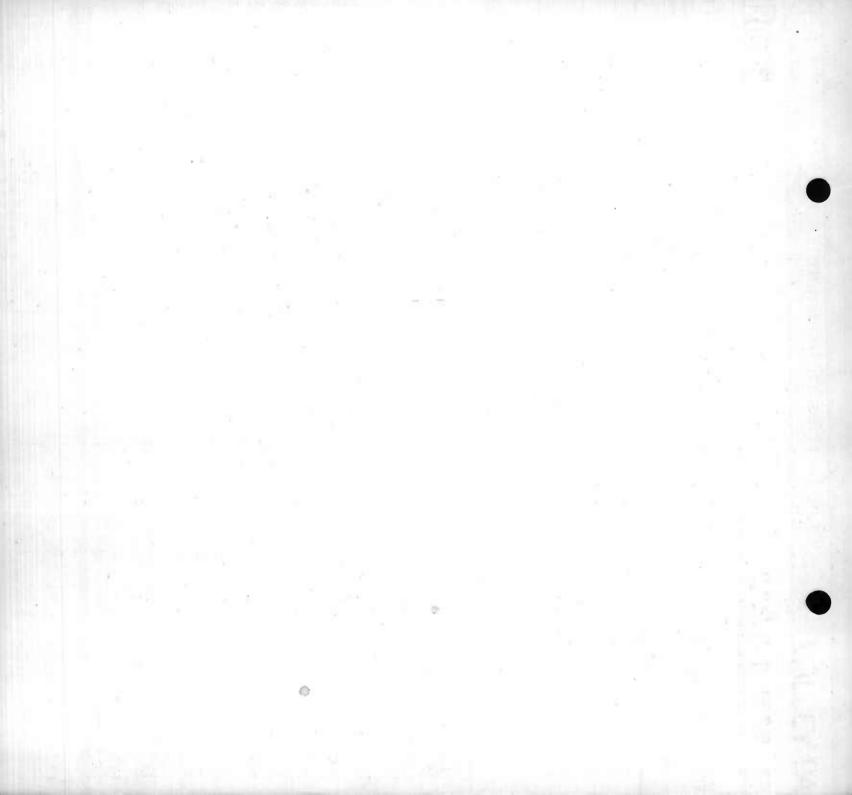
an orași galitaria e

m Kernelly

K-452	69 6076 BALTIMORE CITY HE							
1, 1.25	MEDICAL EXAMINER'S (CERTIFICATE OF DEATH REG. NO.	69 6076					
	1. NAME OF DECEASED LOUIS J. KLINGE HOFER	2. DATE Known Manth Doy	Year Haur					
	LOUIS KLINGE HOFER 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted June 11 3. DATE Manth Day	1969 M.					
- 21	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD June 11.	1969 10:30 P.M.					
31	ORINSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If instituti A, STATE B, COUNTY	on: residence before odmission)					
99	Baltimore City Hospital (DOA) 6. SEX 7. RACE 8. MARRIED 1 NEVER MARRIED 1	Maryland C. CITY OR TOWN D. INSIDE	CITY LIMITS?					
	Male White WIDOWED DIVORCED		YES NO					
	9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths; Doys; Hours; Min.	E. STREET AND NUMBER	110 [
	Dec. 4, 1927 (43)41	804 South Dean Street	, 21224.					
	Baltimore , Md. WHAT COUNTRY?		lliam T. Klingel-					
	14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR' dane during most of working life, even if retired)	11S. MOTHER'S MAIDEN NAME	hofe					
	Laborer Carpet Co. 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	Katherine Crill	ADDRESS					
	(Yes, na grunknawn) (If yes, give war ar dotes of service)	M. Frances Klingelhofer	Same.					
	19. CAUSE OF DEA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
	DISEASE OR CONDITION DIRECTLY							
	LEADING TO DEATH (Ihis does not mean the mode of dying, e.g., DUE TO, OR	cause Cerebro-cranial injurie: as a consequence of:	5					
	heart failure, asthenio, etc. It means the disease, injury or camplication which caused death.)							
	ANTECEDENT CAUSES (8)	AS A CONSEQUENCE OF:						
	UNDERLYING CONDITION LAST.	AS A CONSEQUENCE OF:						
	(c)							
	OF TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.							
	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)					
		in ar about 22C. WHERE DID (If in Baltimare City, give e	Yes					
	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. UNDERLYING OF CONTRIB- Nome, form, foctory, street, office home	804 South Dean Street	26-09					
	22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY (APPROX.) 6-11-69 9:45 P. m. WORK NOT WHILE AT WORK AT WORK Fell down basement stairs							
	23.	, out in the second sec						
	l certify that I held an Inquiry Inspection Au resulted fram: Natural causes Accident X Suicio							
	resulted fram: Natural causes Accident X Suici	CHIEF MEDICAL EXAMINER						
	ACTUAL SIGNATURE CLASS . SIGNATURE	ASSISTANT MEDICAL EXAMINER	DATE SIGNED					
	EXAMINER'S Charles S. Springate, M.D. NAME (Type)	ASSOCIATE MEDICAL EXAMINER	June 12, 1969					
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, to	wn, ar county) (State)					
	REMOVAL (Specify) Burial 6-14-69. St. Natthew	r's Cemetery 6104 0' Donnell	St.Balto., 24,Nd					
	2SA. DATE REC'D BY HEALTH DEPT. 2SB. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR 901	S. Conkling St.					
	JUN 1 7 1969 Carille & Faller M. D.	Charles & gerles Bai	to., 21224,Nd.					
	VS 1S1-REV. 1/1/68							

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CO 0	BALTIMORE CITY	HEALTH DEPARTMENT		CO ODMA
69 6	CERTIFICA	TE OF DEATH	REG. NO	69 6077
NAME OF DECEASED Type of Phin Markaret Kehoe Hooker		2. DATE AN	12, 1969	11:00 A. A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (Where	e deceased lived. If i	nstitutian: residence befare admission
FULL NAME OF (IF NOT IN HOSPITAL OR INST HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION	ITUTION, GIVE STREET	Maryland c.CITY OR TOWN Baltimore		SIDE CITY LIMITS?
5258 PARK HEIGHTS AVE		E. STREET AND NUMBER 5258 Park Hgh	ta Ave.	21215
White WIDOWEI		B. DATE OF BIRTH Oct.? 1892	ost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of wark 108, KIND one during mast of working life, even if retired) Housewife	OF BUSINESS OR INDUSTRY	Baltimore, Mc		USA
3. FATHER'S NAME John Kehoe	12014	Anna Vonders		
S, Was Deceased Ever in U. S. Armed Forces? Yes, na ar unknown) (If yes, give war ar dotes af service)	16. SOCIAL SECURITY NO. 216-22-4619	Mildred N. Geor	46 3625 gins RA	ADDRESS Courtleigh St NDALL-STOWN MP.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, givin rise to the obove couse (A) stoling the UNDERLYING CONDITION tost. I) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	(c)	A CONSEQUENCE OF:		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 199. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING [2]	(00000000000000000000000000000000000000	20 A. AUTOPSY? (Yes at Na)	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	1B. PLACE OF INJURY (e.g., i ame, faim, factory, street, o ic.)	n or obaut 21 C. WHERE DID INJURY OCCUR?	(If in Boltima	re City, give exoct lacotian)
₹ OF INJURY	Vhile At Nat While At Wark	7		
22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive an and haur and fram the causes stated above. 23A. SIGNATURE Muchon B. Hurn	(1) (Wo) (did) (did not) of MD Athrey Phy	ond the riew the bady after death.	ta	inian death accurred on the da 23B. DATE SIGNED June 14, 1969
23C. PHYSICIAN'S NAME (Type) ABRAHAM B. HURG 24A. BURIAL CREMATION, 24B. DATE 24C. REMOVAL (Specify) BURIAL (Specify)	W172 MDDEGREE	23D. ADDRESS 2501 Leberty EMATORY 240. LC	Rosa Bar DICATION (C M. O.L.) MA	ellerure Med. City, tawn, ar codniy) (Stata)
JUN 1 7 1969 258. NAME	OF REGISTRAR M.D.	25C FUNERAL DIRECTOR	Clever +S	and north of PA ATE



	00	BALTIMORE CI	TY HEALTH DEPARTMENT		
	69	6978 CERTIFIC	ATE OF DEATH	REG. NO	69 6078
BIRTH NO.		CERTIFICA	AIL OI DLAIN		
1. NAME OF D	DECEASED			ND HOUR OF DEAT	H
	HART, HARRI	1 SLEYANDER	6/4	elia IFA	(DET)
3. PLACE IN I	ALTIMORE, MARYLAND, WHE	RE PRONOUNCED DEAD	4. USUAL RESIDENCE (Wh	iere deceased lived, II	institution: residence before admission
			A. STATE B. COU	NTY	1 - 2.1
FULL NAME (OF (IF NOT IN HOSPITAL	OR INSTITUTION, GIVE STREET	3436 S.HA	NOVER \$7	7,5-34
HOSPITAL OR		V.	C. CITY OR TOWN	D. 11	ISIDE CITY LIMITS?
SUUTH	EALTIMORE C	JENGFILL INSPET	M Baltos Holi		YES NO
11-		, ,	E. STREET AND NUMBER		
て	3				
5. SEX	6. RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE Un veors	If Under 1 Yr., If Under 24 His.
M		VIDOWED DIVORCED	Q. 4. wel	last billidovi	Months Doye Hours Min.
DA. USUAL OC		B. KIND OF BUSINESS OR INDUSTI	0 1 8 9	.84	
done during most	of working life, even if retired)	W KIND OF BOSINESS OK INDUSTI	III. BIKIMPLACE (Slole of los	eign country!	12, CITIZEN OF WHAT COUNTRY
Fishe:	rman		BALTIMORE		ŮSA
3. FATHER'S N	AME		14. MOTHER'S MAIDEN NA	AAE	USA
11.0			1 11		
HARRY	AHALT SE		Killy Vin	17	
5. Was Deceas	ed Ever in U. S. Anned Forces: wnl (If yes, give war or doles o	1 6. SOCIAL	17. INFORMANT		ADDRESS
No	100, Size Ant of coles of	SECURITY NO.	P+1 1	1/01	_
			113 NESA	or FAL CARE	<i>T</i>
18.	9.01	CAUSE OF DEA	TH	is to L. Char	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION DIREC	TLY	12	~ 411	/
	LEADING TO DEATH	(A)IMMEDIATE CA	us accurre	ia RI Kil	dreeg
This does	nol mean the made of dy e, asthenia, etc. It means the	ing. e.c.	S A CONSEQUENCE OF:		
injury at c	amplication which caused de	ath.)			
	ANTECEDENT CAUSES				H
DISCASES		(B)			
DISEASES	OR CONDITIONS, if any, the above cause (A) sta	, giving DUE TO, OR A	S A CONSEQUENCE OF:		
UNDERLYI	NG CONDITION IGSL	(C)			
-		(0)			
Z OTHER SIGN		INTERIOR CO.			
E TO THE DE	IFICANT CONDITIONS CONTR ATH BUT NOT RELATED TO THE T	FRMINAL			
DISEASE OR	CONDITION GIVEN IN PART 1	(A).			***************************************
E INA. DATE	OF OPERATION 198. CONDITI	MED WHICH OPERATION	20A. AUTOPSY? (Yes of N	o) 208, IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
OTHER SIGN TO THE DE DISEASE OR 19A. DATE			Y G	125	noon or penint
OR CONTRI	ENT WAS UNDERLYING BUTING CAUSE OF	218 PLACE OF INJURY (e.g.,	in or obout 21 C/WHERE DID	Alf in Boltim	ore City, give exoct location)
DEATH (not	ily modical exeminer	etc.)	omeo biago indukt OCCUR?		
21D. TIME		four 21E INJURY OCCURRED	015 11-11-11		
YAULNI TO	arronna (poyi (reon (n		21 F. HOW DID IN.	JURY OCCUR?	
(APPROX.)		While At Not Wh			
22. 1	y that N (this haspital) at			1067 0 6	-14-69 10
		1 : /	*************************************	19	
that (N) (we	e) last saw the deceased a	11ve an 6-14	19and th	hat In(my) (aur) ap	inian death accurred an the date
and haur a	nd from the causes stated	above. (4) (We) (did) (did nat)	view the bady after death.		
23A. SIGNA	TURE	1/2	The state of the s		238, DATE SIGNED
10	se V, I Gle	SIAS M.D. AH	ending Med.	Stoff (1977)	4-14-69
	, /	DEGREE Ph	yt.	Stoff Phys.	4-17-67
23C. PHYSIC NAME	(Typol / L	00011	23D. ADDRESS	1 n st	
0	1000100	wes M.D.	South	Ballu	une cen Hose
4A. BURIAL CI	REMATION, 124B. DATE	24C. NAME of CEMETERY OF C		OCATION	
REMOVAL	REMATION, 248, DATE (Specify) 6/18/69			OCATION (C	ily, town, or county! (Stole)
Buri	0/10/09	Hely Cress Cem	Ri	tchie Hgy	AA Co Md
SA. DATE REC	D BY HEALTH DEPT. 258	NAME OF REGISTRAR	26C FUNERAL DIRECTO	0 4	ADDRESSO 16
		will E Jaiber M.D.	W/101 1911	9 /200	total 1
S 150-REV. 1/			MICHALLY	My 63/	Melan arasis
> 150mKEV, 1/3	1/08			17	



	or Print) Eli	zabeth Hal	l Gray	2. DAT	e and hour of deat me 11, 1969	
3. PL/	ACE IN BALTIMORE, MARYLA					11:58 P
FULL HOSP INSTITUTE		HOSPITAL OR INSTITUTE LOCATION	TUTION, GIVE STREET	Md. C. CITY OR TOWN Baltimore E. STREET AND NUMB	D. In	ISIDE CITY LIMITS? YES: NO
5. SEX	F W	WIDOWE	NEVER MARRIED DIVORCED	3/10/87	9. AGE (In yours lost birthday)	on the Doys Hours Min.
done de	JSUAL OCCUPATION (Give kind during most of working life, even if Housewife	of wark 108, KIND (retired)	F BUSINESS OR INDUSTR	Md.	foreign country)	12. CITIZEN OF WHAT COUNT
13. FA	John Hall	!		Nancy Har		
15. We (Yes, no	os Deceased Ever in U. S. Am o or unknown) (If yes, give wor No	ned Forces? or dolos of service)	16. SOCIAL SECURITY NO. 2.20-46-720	17. INFORMANT Records US	PHS Hospital	Address Balto Md
18.	412.31		CAUSE OF DEA			APPROXIMATE INTERVA
	DISEASE OR CONDITION LEADING TO D	EATH	(A)IMMEDIATE CA	use Pulmonar	y edema	Days
■ Ine	This does not mean the ma eart failure, asthenia, etc. It njury ar complication which a	manne the dieanes	DUE TO, OR AS	A CONSEQUENCE OF:		
nis	ANTECEDENT C. DISEASES OR CONDITIONS Se to the obove couse INDERLYING CONDITION to	, il ony, giving (A) stoling the	(B)DUE TO, OR AS	riosclerotic l	eart disease	Years
ATION	II THER SIGNIFICANT CONDITION THE DEATH BUT NOT RELATE ISEASE OR CONDITION GIVEN	D TO THE TERMINAL	***************************************	***************************************		
STIFE 184	A-DATE OF OPERATION 198	CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? IVes of yes	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
OR DE	A. ACCIDENT WAS UNDERLY R CONTRIBUTING CAUSE OF	F hor	RPLACE OF INJURY (e.g., ne, farm, factory, street, a)	in or obout 21 C. WHERE DI	D (If In Boltime	ore City, give exact location)
OF (AI	D-TIME (Month) (Doy) FINJURY PPROX.)	10000	INJURY OCCURRED Allo At Work At Work		INJURY OCCUR?	
	• I certify that (i) (this ho		he deceased from	June 6	bedelesses	une 11 19 69
	at (I) (we) last sow the de			19 <u>69</u> and	that in (my) (aur) ap	Inlan death accurred an the da
23A	nd hour and fram the couse	s stoted abave. (i) (Me) (qiq) (qiq/ pot) v	riew the body after dea	th.	23B, DATE SIGNED
22.4	Jan.	MWM	DEGREE Phy		Staff X	6/12/69
230	C.PHYSICIAN'S NAME (Type) James M. Weaven			23D. ADDRESS US PHS Hospit	al. Balto Me	1
					200 - 1021	
24A ₄ BU RE 25A ₄ D	URIAL CREMATION, 24B, DA	1 - 69 W	AME OF CEMETERY OF CR	EMATORY 241	Be Ltimore	HARYLAND ADDRESS NORTH + DEWN. 1

The second of th

69 6080 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH
MILDICAL	LVWMIII 4FIL O	CENTILICATE	OI DEATH

X		
H REG. NO	69	60

BIR	TH NO.		MED	ICAL	EX	AMINER'S	CERTIFIC	CATEO	F DEAT	H REG. NO	- 69	60	0.5
1. N	NAME OF DEC	EASED					2. DATE	Known X	Month	Doy	Yeor	Hour	
(Тур	e or Print)	(L.)		DAVIS	5		OF DEATH	Estimoted [М.
4. P	LACE IN BAL		RYLAND, W	HERE PR	ONOU	NCED DEAD	3. DATE	100	Month	Doy	Yeor	Hour	
	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET IOSPITAL OR INSTITUTION GIVE STREET IOSPITAL OR INSTITUTION							SIDENCE (Wh	Jun	e 16,	1969	12:49	M.
		imore (City Ho	spita	1		A. SIATE Mary		1	B. COUNTY	^	53-	00
6. S	Baltimore City Hospital SEX 7. RACE B. MARRIED NEVER MARRIED				NEVER MARRIED	C. CITY OR			D. INSIDE CIT	Y LIMITS?	7 -		
	male	white	e	WIDOW		DIVORCED	Balt	imore		YE:	s X	NO 🗆	
9. D	ATE OF BIRTH	Ĥ	10. AGE (In	yeors	If Unde	er 1 Yr. If Under 24 Hrs. Days Hours Min.	E. STREET	ND NUMBER					
	v. 19,		44	+				Bayfron	t Road				
11.1	BIRTHPLACE (S	tote or foreig	an country)			IZEN OF IAT COUNTRY?	13. FATHER	S NAME					
	rth Car				U	S.A.		J. Davi					
	during most of w			148. KIND	OF BU	SINESS OR INDUSTR	Y 15. MOTHE	M MAIDEN N	AME				
	borer	Em El/En 101	11.5 10.115	Ste	-	7. 60.0141	Bertha		vett	4.0	DDFCC		
(Yes	WAS DECEASI , no or unknown)	(If yes, give v	wor or dotes	of service)		SOCIAL SECURITY NO.	1B. INFORM				DRESS		
_	ves	WW 1:	l.		2	46-24-5948		Bessie N	I. Davi	s Same	28 7	PROXIMATE IN	FRVAL
	1410	204				CAUSE OF DEA	ПН					EEN ONSET AN	
		E OR COND		CTLY		Arterio	sclerot	ic Cardi	ovascul	ar Disea	se		
		LEADING TO of meon the		ing. e.g.		(A)IMMEDIATE	CAUSE						
	heort foilure,	, osthenio, etc	. It meons the	diseose,		DOE 10, OK	AS A CONSEQ	UENCE OF:					
				····,									
		NTECEDENT				(B)	AS A CONSE	NIENCE OF					
	RISE TO THE	ABOVE CA	USE (A) STAT	TING THE		00E 10, 0k	AJ A CONSE	VUENCE OF:					
Z	UNDERLYIN	NG CONDITI	ION LAST.			(C)	******						
띩			11	0 . I=D:D:I*									
2	TO THE DEA	IFICANT CON	RELATED TO	THE TERM									
CERTIFICATION		CONDITION			EOP W	HICH OPERATION W	AS DEDECIDA	FD	***************************************		21 AUTO	PSY? (Yes o	r No)
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-1	22A. EXTER	NAL CAUSE	WAS		22R PL	ACE OF INJURY(e.g.	in or about 2	2C WHERE DI	D /If in Boltimo	re City give ever	t location)	Yes	
EDIC,	UNDERLYING UTING CA	OR CON	TRIB-			orm, loctory, street, office				id city, give axor			
	OF INJURY	(Month) (D	Doy) (Yeor	r) (Hour		INJURY OCCURRED		2F. HOW DID	INJURY OCC	UR?			
	(APPROX.)				m. WH		WHILE WORK						
	23.	ify that I h	eld an I	nguiry [7 1	nspection A	atapsy X	and that ar	this basis.	death in my	aninian		
		ted fram: N				ident Suici		micide		ned manner	7		
	163011	- Italii.		363 LA	- ~~	Joici Joici		CHIEF MEDICA					
	ACTUAL		5mc/	1-		26/	ASSI	STANT MEDICA		$\overline{\mathbb{X}}$		DATE SIGN	IED
	SIGNATI	EDIC	-	-	>	M.I	٠.	CIATE MEDICA		n	6	/16/69	
	EXAMIN NAME (T	(ype)	Verner	U. SI									
RE/	A. BURIAL CRE! MOVAL (Speci	fy)	24B. DATE			NAME of CEMETERY			D. LOCATION		, or county		
	rial		6-19-6			Hollywood			Lumbert			Carol	ina
25#	DATE REC'D	BY HEALTH		- 3		F REGISTRAR		UNERAL DIRE	CIOR	Al	DDRESS		
		JUN 1	7 1969	y vige	serie !	E. Jacker, Mi	Wm.	Gook-Br	poks To	owson In	c. To	wson,	Md.
							- 0	-	100				

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BALTIMORE	CITY	HEALTH	DEPARTMENT	
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BIKIH INU.	6081 CERTIFICA	ATE OF DEATH 12. DATE AND HOUR OF DEATH
Type or Print) Anna E-Krai	m.	June 12,1969 phoet 5 A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE F FULL NAME OF (IF NOT IN HOSPITAL OR HOSPITAL OR ADDRESS OR LOCATION)	PRONOUNCED DEAD INSTITUTION, GIVE STREET	A. STATE B. COUNTY Md. C. CITY OR TOWN D. INSIDE CITY LIMITS?
00 325 Ilchester Ave.		E. STREET AND NUMBER 325 ILchester Ave.
Female White WID	RRIED NEVER MARRIED OWED DIVORCED	B. DATE OF BIRTH 9. AGE (in years lost birthday) Aug 24.1895 73 If Under 1 Yr. If Under 24 Hrs. Months Doys Min.
DA, USUAL OCCUPATION (Give kind of work) 10B, KI one during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	Y 11. BTRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
5. Was Deceased Ever in U. S. Armed Forces? (es, no or unknown) (If yes, give wor or doles of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
18, / / /)	213-30-6728 CAUSE OF DEAT	John Kram 325 Ilchester Ave.
heart failure, asthenia, etc. It means the dinjury or complication which caused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) station UNDERLYING CONDITION lost.	giving (B) Certer	is clerotic and coronary artery for your seconsequence of differ 10% for years to conflictes for years
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	I FOR WHICH OPERATION D 218. PLACE OF INJURY (e.g.,	20 A. AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) office bidgs, INJURY OCCUR?
21D.TIME (Month) (Doy) (Yeor) (Hou OF INJURY (A PPROX.)	While At Nork At Work	
22. I certify that (I) (this haspital) after that (I) (we) lost sow the deceased alive ond hour and from the couses stated above 23A. SIGNATURE	ove. (1) (We) (did) (did not)	tending TA Med. Stoff Stoff
23C. PHYSICIAN'S PARL TO S	E. ARANAGA,	
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY or CF	
Burial 6/16/69 SA. DATE REC'D BY HEALTH DEPT. 25B. N	Lorraine Park. JAME OF REGISTRAR LE E Jaben 20	Paul E Chenoweth Jr. 3615 Chestnut Ave.
150-REV. 1/1/6B		

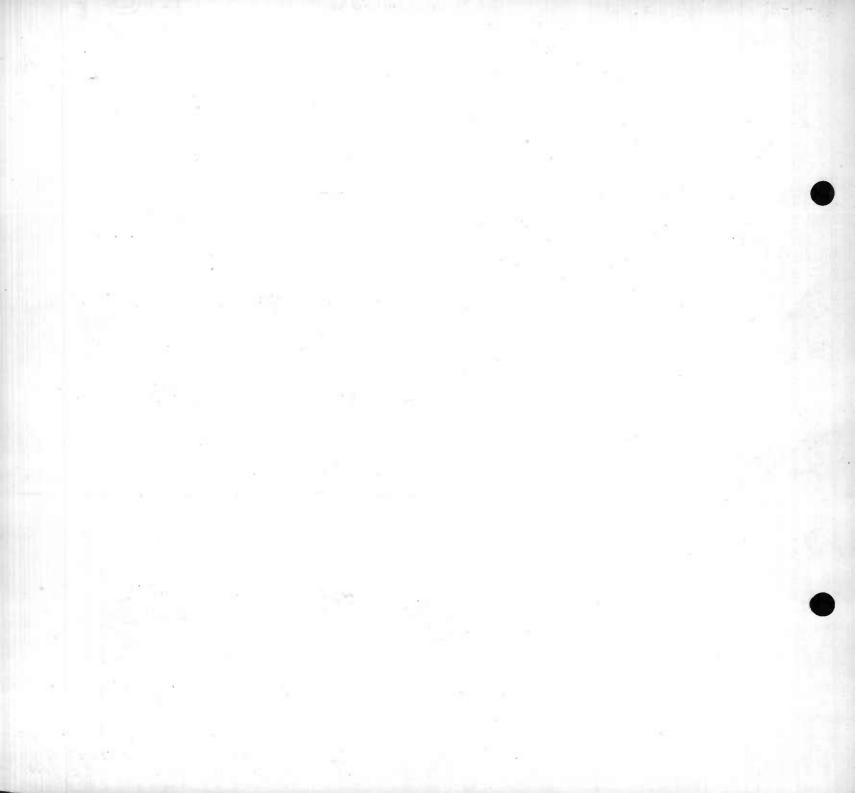
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VS 150-REV. 1/1/6B

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BALTIMORE CITY HEALTH DEPARTMENT





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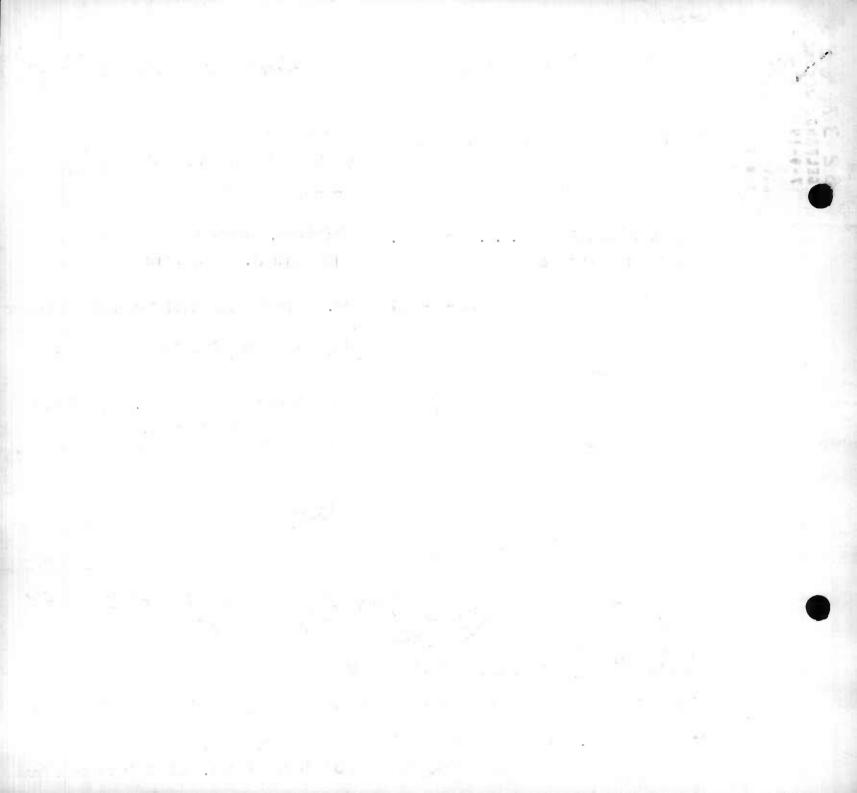
MPORTANT

DIRECTOR:

FUNERAL

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LOV



IRTH NO. NAME OF DECEASED ype or Print) // A	AC L. ALTO	SCHULL		UNE 14,		500 A
PLACE IN BALTIMORE, MARY	LAND, WHERE PRON		4. USUAL RESIDENCE			residence before admission
OSPITAL OR ADDRESS	OR LOCATION)	HOHON, GIVE STREET	C. CITY OR TOWN BALTIMOR E. STREET AND NUMBER	ϵ	D. INSIDE CITY YES	
	L OF BALT	IMORE, INC.		KINGTON	1 AVE	#15
MALE 6. RACE WHITE	WIDOWE		10/29/86	9. AGE (In year lost birthday)	rs If Un Month	der 1 Yr. If Under 24 Hrs S Doys Hours Min.
OA. USUAL OCCUPATION (Give liberation) one during most of working life, even	if retired)	THING	11. BIRTHPLACE (State of MARYLAN			TITED STATES.
JOSHUA AL	TSCHULL		14. MOTHER'S MAIDEN			
es,no or unknown) (If yes, give w	Armed Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT MIS BURNE	ce Kessly	Vication	ADDRESS On O
heort foilure, asthenio, etc.		θ,	elerotic he se a consequence of:	aker	***************************************	
heart foilure, asthenia, etc. injury or complication whic ANTECEDENT DISEASES OR CONDITIO rise to the above cat UNDERLYING CONDITION OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT REL	It means the diseas h coused death.) CAUSES INS, if any, giving use (A) stating the last.	g (B) DUE TO, OR AS	A CONSEQUENCE OF: A CONSEQUENCE OF:			
heort foilure, osthenio, etc. injury or complication whic ANTECEDENT DISEASES OR CONDITION rise to the above con UNDERLYING CONDITION OTHER SIGNIFICANT CONDITI TO THE DEATH BUT NOT REL DISEASE OR CONDITION GIV	It meons the disease h coused death.) CAUSES INS, if ony, giving use (A) stating the last. IONS CONTRIBUTING ATED TO THE TERMINA EN IN PART 1 (A). 198. CONDITION FOR WAS PERFORMED	g (B) DUE TO, OR AS	A CONSEQUENCE OF: A CONSEQUENCE OF: PEUAL F 20A. AUTOPSY? (Yes. c)	arlure	WERE FINDING	GS CONSIDERED F DEATH?
heort foilure, osthenio, etc. injury or complication whic ANTECEDENT DISEASES OR CONDITION rise to the above con UNDERLYING CONDITION OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT REL DISEASE OR CONDITION GIV 19 A. DATE OF OPERATION OR CONTRIBUTING CAUS DEATH (notify medical examination) DEATH (notify medical examination)	It meens the disease h coused death.) CAUSES INS, if ony, giving use (A) stating the last. IONS CONTRIBUTING ATED TO THE TERMINA EN IN PART 1 (A). 198. CONDITION FOR WAS PERFORMED REVING 22 EVEN 198. 22	(B) DUE TO, OR AS (C)	A CONSEQUENCE OF: A CONSEQUENCE OF: PREVAL PREVAL 20A. AUTOPSY? (Yes of the consequence of the consequen	arlure or No) 208. IF YES, IN CERTIFYIN	O CAUSES OF	GS CONSIDERED F DEATH?
heori foilure, oslhenio, elc. injury or complication whic ANTECEDENT DISEASES OR CONDITION rise to the above con UNDERLYING CONDITION OTHER SIGNIFICANT CONDITI TO THE DEATH BUT NOT REL DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDE	It meens the disease h coused death.) CAUSES INS, if ony, giving use (A) stating the last. IONS CONTRIBUTING THE TERMINA EN IN PART 1 (A). 198. CONDITION FOR WAS PERFORMED EVALUATED TO THE TERMINA EN IN PART 1 (A). 198. CONDITION FOR WAS PERFORMED EVALUATED TO THE TERMINA EN IN PART 1 (A). 198. CONDITION FOR WAS PERFORMED EVALUATED TO THE TERMINA EN IN PART 1 (A). 199. (Year) (Hour) 21	(B) DUE TO, OR AS (C) WHICH OPERATION ROSTATIC HYPERTI B. PLACE OF INJURY (e.g., i	A CONSEQUENCE OF: A CONSEQUENCE OF: PREVAL 20A. AUTOPSY? (Yes of the bidg., INJURY OCCU	DO NO) 208. IF YES, IN CERTIFYIN R? (If in B	O CAUSES OF	give exact location)
heort foilure, oslhenio, elc. injury or complication which ANTECEDENT DISEASES OR CONDITION rise to the above cat UNDERLYING CONDITION OTHER SIGNIFICANT CONDITION OTHER DEATH BUT NOT REL DISEASE OR CONDITION GIV 19A. DATE OF OPERATION OF CONTRIBUTING CAUS DEATH (notify medical examination of index of inde	It meons the disease h coused death.) CAUSES (NS, if ony, giving use (A) stating the last. IONS CONTRIBUTING ATED TO THE TERMINA EN IN PART 1 (A). 198. CONDITION FOR WAS PERFORMED IRLYING 1 (I) (Year) (Hour) (V) haspital) attended deceased alive an	(B) DUE TO, OR AS e (C) RELETE WHICH OPERATION ROSTATIC HYPERT B. PLACE OF INJURY (e.g., i) ome, form, foctory, streel, of c.l F. INJURY OCCURRED While At At Work the deceased fram C 14	A CONSEQUENCE OF: A CONSEQUENCE OF: PRIMA 20A. AUTOPSY? (Yes of the bidgs, injury occur) 21F. HOW DID 19 9 on	Or No) 208. IF YES, IN CERTIFYIN PR? (If in B) INJURY OCCUR?	Ballimore City, o	F DEATH?
heort foilure, osthenio, etc. injury or complication which was a complication which was a complication which was a complication of the property of the propert	It meons the disease h coused death.) CAUSES (NS, if ony, giving use (A) stating the last. IONS CONTRIBUTING ATED TO THE TERMINA EN IN PART 1 (A). 198. CONDITION FOR WAS PERFORMED IRLYING 1 (I) (Year) (Hour) (V) haspital) attended deceased alive an	(B) DUE TO, OR AS (C) WHICH OPERATION ROSTATIC HYPERTI Sime, form, foctory, street, of c.l E. INJURY OCCURRED While At At Work The deceased fram (I) (We) (did) (did not) v U.D. DEGREE Ather Physical Actions of the deceased fram (I) (We) (did) (did not) v	A CONSEQUENCE OF: A CONSEQUENCE OF: PREMAL F 20A. AUTOPSY? (Yes of the bidg., INJURY OCCU 21F. HOW DID 19 69 and iew the bady after deconding Med.	Or No) 208. IF YES, IN CERTIFYIN PR? (If in B) INJURY OCCUR?	Ballimore City, g	give exact location)

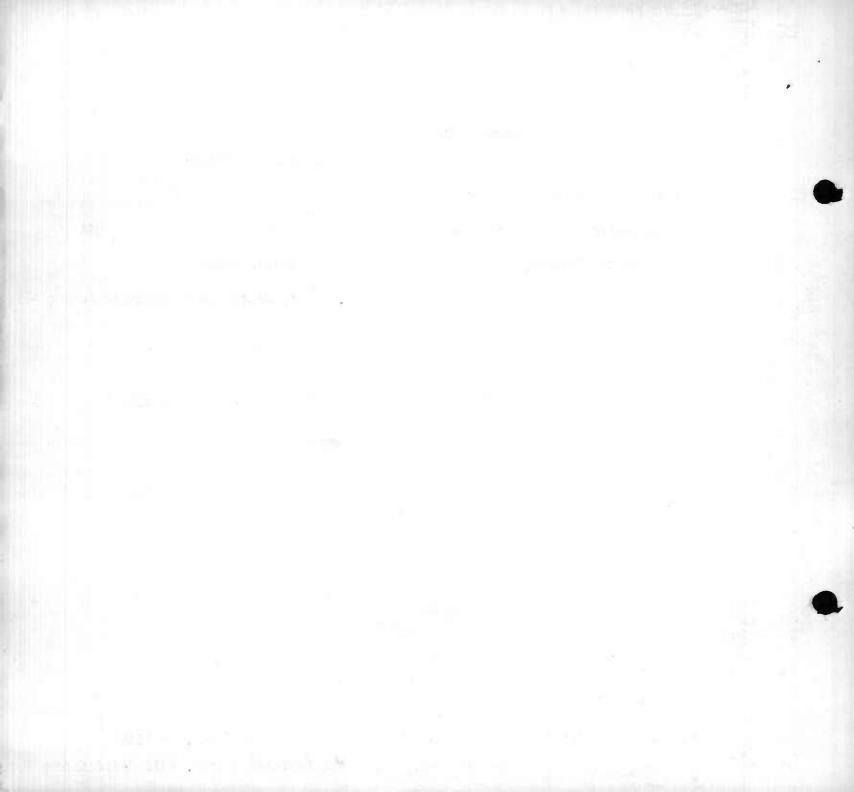
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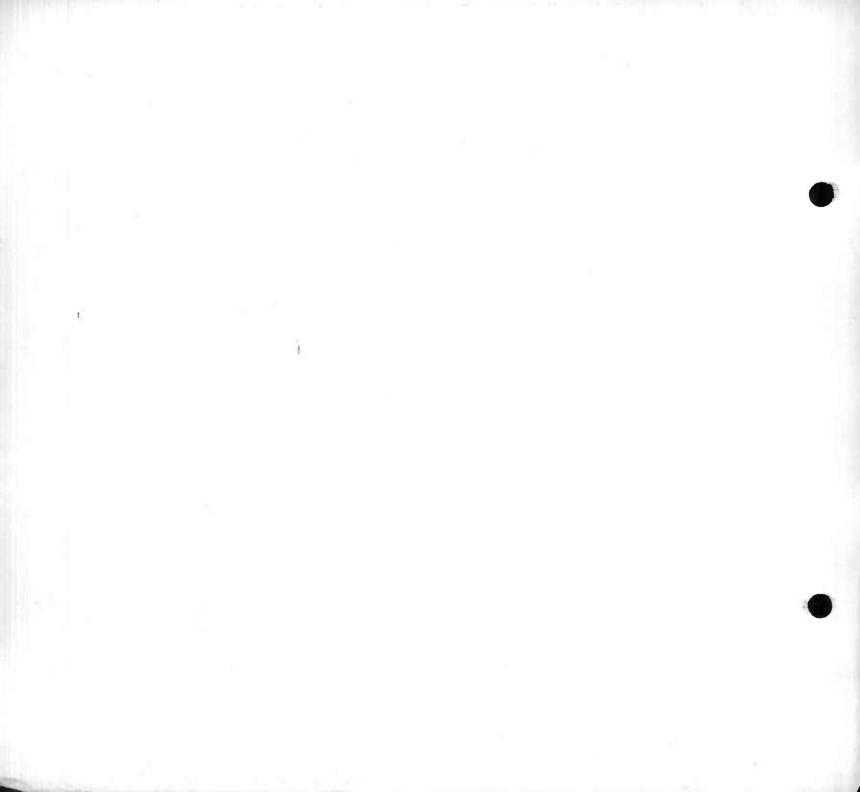
FUNERAL DIRECTOR:

4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before D. INSIDE CITY LIMITS? YES X NO II Under 1 Yr. If Under 24 Hrs. Months! Doys 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS Mr. Samuel Berlin 5609 Woodcrest Avenue #15 BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltlmore City, give exoct location) and that in(my) (aur) apinian death accurred an the date 23 B. DATE SIGNED Levinson & Bros. 6010 Reisterstown Road 3 VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



VS 150-REV. 1/1/68



VS 150-REV. 1/1/68



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69 6092 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH PEG NO.

69	6098

BIRTH NO.	REG. NO.			
1. NAME OF DECEASED (Type or Print) ROGERS R. KENT	2. DATE Known Month Day Yeor Haur OF DEATH Estimated June 14, 1969			
	3. DATE Manth Doy Yeor Haur			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD June 14, 1969 2:10 P. M.			
2226 Eutaw Place	5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before odmission) A. STATE Maryland B. COUNTY A 3			
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?			
Male Negro widowed □ DIVORCED □	Baltimore YES 🕅 NO 🗌			
9. DATE OF BIRTH 12-2-40 10. AGE (In years If Under 1 Yr, If Under 24 Hrs. Months, Doys Haurs Min. 28	E. STREET AND NUMBER 2226 Eutaw Place			
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	Rodger B. Kent			
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME			
unemployed	Dorothy Denmark			
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dotes of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS			
no	Dorothy Kent 2310 Eutaw Place			
19. CAUSE OF DEAT	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
LEADING TO DEATH (A)IMMEDIATE C.	AUSE S A CONSEQUENCE OF:			
UNDERLYING CONDITION LAST. (C)	AS A CONSEQUENCE OF:			
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	C PERCONAID			
DALE OF OPERATION 208. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21. AUTOPSY? (Yes ar Na) Yes			
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Mgnth) (Dgy) (Yegr) (Hour) 22E.INJURY OCCURRED	in or about 22C. WHERE DID (If in Baltimore City, give exact lacation) bldg., etc.)			
OF INJURY (APPROX.) WHILE AT NOT WHILE				
23.	opsy and that an this basis, death in my apinion Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER June 15, 1969			
Burial 6-19-69 Mt. Auburn 25A. DATE REC'D BY HEALTH DEPT. JUN 1 7 1969 Registrar JUN 1 7 1969 Registrar	Cem. Balto. Nd. 25C. FUNERAL DIRECTOR V.r BailAppress CKedson F.H. 1348 Calhoun St.			

IMPORTANT

FUNERAL DIRECTOR:

		BALTIMORE CI	TY HEALTH DEPARTMENT		
BIRTH NO.	69	6093 CERTIFIC	ATE OF DEATH	REG. NO	69 6093
I. NAME OF DE				ND HOUR OF DEATH	
(Type or Print)	GEORGE	SMALL WOOD		4-69	1 7.45
3. PLACE IN B	ALTIMORE, MARYLAND, WHER	E PRONOUNCED DEAD	4. USUAL RESIDENCE (Wh A. STATE B. COU	ere deceased lived. If	institution: residence before admission)
FULL NAME O	F (IF NOT IN HOSPITAL	OP INSTITUTION CIVE STREET	Maryland	NIT	14-12
FULL NAME OF HOSPITAL OR INSTITUTION		OR INSTITUTION, GIVE STREET	C, CITY OR TOWN	In this	SIDE CITY LIMITS?
	Provident	Hospital, Inc.	Baltimore	D. 114	YES X NO
.39	1514 Divis		E. STREET AND NUMBER		152 MO
	Baltimore,	Maryland 21217	1716 Brunt	Street	
5. SEX	6. RACE 7. 1	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE IIn yours	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Male	Negro W	IDOWED DIVORCED	6-11-09	lost birthday!	Months Doys Hours Min.
done during most of	CUPATION (Give kind of work 10B. of working life, even if retired)	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLA CE (Stote or for	eigh country)	12. CITIZEN OF WHAT COUNTRY
			Baltimore,	Maryland	U.S.A.
13. FATHER'S NA	AME		14. MOTHER'S MAIDEN NA		000000
Aug	gustus Smallwo	ood	Nellie	McGudden	
5. Was Deceose	nd Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	in yes, give wor or coles of		William Smal	lucad Des	
118,	/ 1/ 1/ 2/ //	215120328 CAUSE OF DEA		Twood- Bro	Ave
DISEA	ASE OR CONDITION DIRECT				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH		AUSE PREUMOS S A CONSEQUENCE OF:	wite	
(This does	not meon the mode of dying astherio, etc. It means the	ng. e.g., (A) IMMEDIATE CA	S A CONSEQUENCE OF:	nices !	***************************************
injury or co	mplication which caused dea	th.)		bilageri	21)
	ANTECEDENT CAUSES				
DISEASES	OR CONDITIONS, if any,	giving DUE TO, OR A	S A CONSEQUENCE OF:	***********	******************************
rise to It	ne above cause (A) slot G CONDITION last.	ing the			
O TO E TO E	CONDITION IEST.	(c)			
OTHER SIGNI	II FICANT CONDITIONS CONTRI	RITING	2.1.	^	
TO THE DEA	TH BUT NOT RELATED TO THE TE	RMINAL	suberculosis	7	
19A. DATE O	F OPERATION 198 CONDITIO	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No	208. IF YES. WERE	FINDINGS CONSIDERED
OTHER SIGNI TO THE DEA DISEASE OR O 19A. DATE O	WAS PERFORM	NED	No	IN CERTIFYING CA	USES OF DEATH?
OP CONTRIB	NT WAS UNDERLYING UTING CAUSE OF	21B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID office bldg. INJURY OCCUR?	(If In Baltimor	e City, give exact location)
DEATH (notify	y medical examined	elc.)	purce pidd judicki occoki		
DEATH (notify 21D. TIME OF INJURY	(Honth) (Day) (Year) (Ho	un 21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)		While At At Work			
22. L cartify	shoe (1) (this boanted) ask	ended the deceosed from		60 1	
	lost saw the deceased oil		60	19 69 to Jui	17
				at in (my) (aur) opi	nion death occurred on the dote
23A. SIGNATU	d from the causes stated a	bove. (1) (We) (did) (did not)	view the body ofter death.		
		AH	ending Med.	c. #	238, DATE SIGNED
220 8445161		M . D . D . Ph	ys. L. Director L.	Staff Phys.	6-16-69
PHYSICIA NAME (1	Type)		23D. ADDRESS		
	A	. Khan, M.D.	1514 Division	n Street	Balto., Maryland
Burial CRE	MATION, 1248, DATE	24C. NAME of CEMETERY OF CA	EMATORY 24D. LO	CATION (CI	ly, town, or county) (Siole)
		Mt. Auburn Ce	m.	Balto.	Nd.
SA. DATE REC'D					
	BY HEALTH BEPINCO 258	NAME OF REGISTRAL	25C. FUNERAL DIRECTOR	TW. R Rosi	ADDRESS
	JUN 1 7 1969 25 0	MANE OF RECEIPED M.D.	Ke Son F.H.	JY3R8 Bail	ey ADDRESS Calhoun Street



69 6094 BALTIMORE CITY HEALTH DEPARTMENT

69 6094

MEDICAL EXAMINER'S	CERTIFICATE	OF	DEATH .	
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BIRTH NO.					REG. NO	0		
1. NAME OF DECEASED (Type or Print) MYDTT F DAY	ZITON.	2. DATE OF	Known 🗓	Month	Doy	Yeor	Hour	
(Type or Print) MYRTLE PAY	TON	DEATH	Estimoted	June	15,	1969		M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PI		3. DATE	JNCED DEAD	Month	Doy	Yeor	Hour	
FULL NAME OF (IF NOT IN HOSPITAL OR INS HOSPITAL ADDRESS OR LOCATION)	TITUTION, GIVE STREET			June	15,	1969	9:25 A	
OR INSTITUTION		5. USUAL R A. STATE	ESIDENCE (Where		ed. If instituti		efore odmissio	n)
609 W. Franklin S	Street	A. SIAIL	Maryland		. COUNT		17-0	01
6. SEX 7. RACE B. MARE	IED ENEVER MARRIED	C. CITY OR	TOWN		D. INSIDE	CITY LIMITS?		
Female Negro WIDOW	VED DIVORCED		Baltimore	2		YES A	NO 🗆	
9. DATE OF BIRTH 10/10/06 10. AGE (In years 10/10/06)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET	609 W. F1	anklin				
11. BIRTHPLACE (Stote or foreign country) Maryland	TWHASCOUNTRY?	13. FATHER Bil.	'S NAME	ntine	DCTEC			
14A.USUAL OCCUPATION (Give kind of work 14B. KIND done du United by Thiop Letter and if retired)	OF BUSINESS OR INDUSTR	Y 15. MOTHE						
16. WAS DECEASED EVER IN U.S. ARMED FORCE	7 17. SOCIAL	1B. INFOR				ADDRESS		
Yes, no or unknown) (If yes, give wor or dotes of service			s Margar	et Con			honto	C+
19.	CAUSE OF DEA		5 Margar	et vai	cer.		PROXIMATE INTE	
OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)	AS A CONSE		cervi	X			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A) 20A. DATE OF OPERATION 20B. CONDITION	INAL	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			a apapapapanan apaman ababaga asa ar			
20A. DATE OF OPERATION 20B. CONDITION	FOR WHICH OPERATION W.	AS PERFORM	MED			21. AUTOI	PSY? (Yes or I	No)
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	22B.PLACE OF INJURY(e.g., home, form, foctory, street, office	in or obout 2 te bldg., etc.)	2C. WHERE DID NJURY OCCUR?	(if in Boltimore	City, give	exoct locotion)	NO	
22D. TIME (Month) (Doy) (Yeor) (Hou OF INJURY (APPROX.)	WHILE AT NOT	WHILE VORK	2F. HOW DID IN	JURY OCCU	R?			
23. I certify that I held on Inquiry [resulted from: Natural couses [X]	Inspection X Au	topsy H	ond that on the	his basis, d Undetermin				
ACTUAL Clark	Sight M.E	ASSI	CHIEF MEDICAL E	XAMINER			DATE SIGNE	D
	Springate, M.D.	ASSC	OCIATE MEDICAL E	XAMINER		June 15	, 1969	
24A. BURIAL CREMATION, PARENCY (Specify) Burial 6/19/69	National C	emetr	7	LOCATION Baltin		own, or county)	(Stote)	
25A. DATE REC'D BY HEALTH DEPT. 25B. N	AME OF REGISTRAR		FUNERAL DIRECT	OR		ADDRESS		
JUN 1 7 1969	Best E. Harber, M	is. (delphus	Halst	cead	1206 W	Nort	h
VS 151-REV. 1/1/6B								

90/01/01

Unemployed

U S A Billy Valentine

Mrs Margaret Carter 403 Hoberts

6/19/69 ha tonal Cemetry Baltimore Md

Minister Helekend Lago w Moren

V\$ 150-REV. 1/1/68

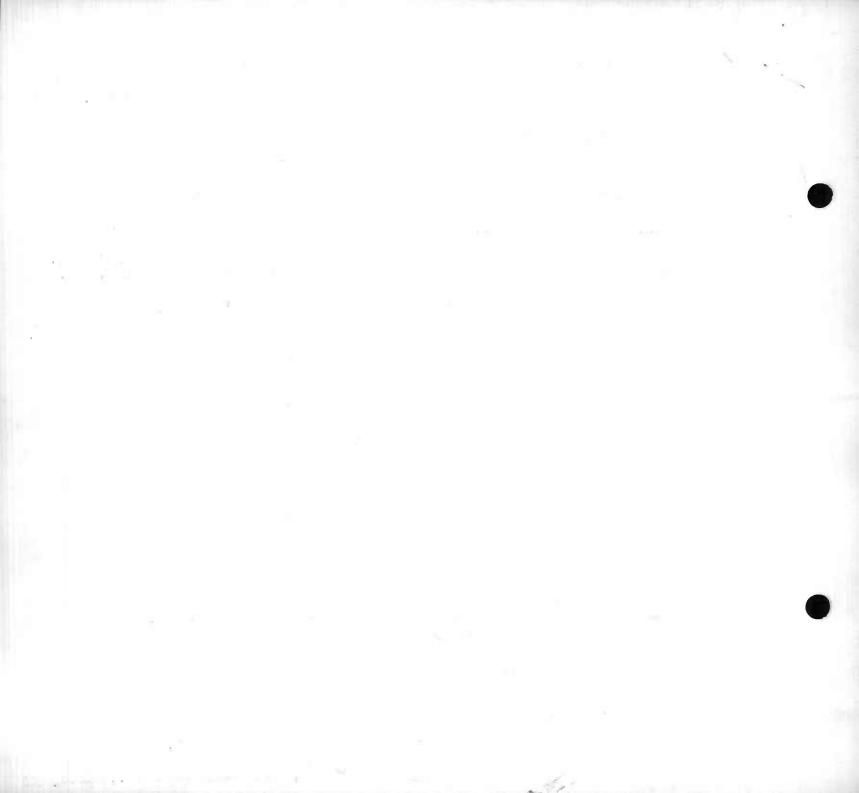
			BALTIMORE CITY	Y HEALTH DEPARTMENT		00 0005
BIRTH NO.	69	609	5 CERTIFICA	TE OF DEATH	REG. NO	69 6095
1. NAME OF DE					ND HOUR OF DEATH	
(Type or Print)	JONES, LOTT			JUN		3.10 A
3. PLACE IN BA	LTIMORE MARYLAND, W	HERE PRONC	DUNCED DEAD	4. USUAL RESIDENCE (Who	ere deceased lived, If in	stitution; residence before admission)
FULL NAME OF	F (IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITATION)	TUTION, GIVE STREET	MARYLAND	21223	21-02
	AGNES HOSPI	TAL		BALTIMORE	D. INSI	DE CITY LIMITS?
7 BALT		LAND	UE 21229	E. STREET AND NUMBER	CROSS STRE	FT
5. SEX	6- RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	
FEMALE	WHITE	WIDOWED	DIVORCED T	04-13-06	last birthdoy)	Months Doys Hours Min.
doug dating most of	Working Hie, even il refiredi	CARR	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fore	ign country)	12. CITIZEN OF WHAT COUNTRY
HOUSE	ENSpecial	GLA		MARYLAND		U. S. A.
13. FATHER'S NA				14. MOTHER'S MAIDEN NA	ME	
	JANISH			LILLIANTALE	TSON MERS	Bod
15. Was Deceased (Yes, no or unknown	d Ever ia U. S. Armed For	ces? s al service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT BALT	MORE .MD . 2	1229 ADDRESS
NO	NO		48-03-078	ST.AGNES HOS	SP; CATON &	WILKENS AVENUES
18.	3 3 1		CAUSE OF DEAT			APPROXIMATE INTERVAL
DISEA	SE OR CONDITION DIR	RECTLY			\	BETWEEN ONSET AND GEATH
IThis days	LEADING TO DEATH		(A)IMMEDIATE CAL	ISE CONCINDINA SI	caecin with k	refastasis
heart failure,	nat mean the mode of asthenia, etc. It means	the disease.	DUE TO, OR AS	A CONSEQUENCE OF:	***************************************	
tulnth of car	mplication which coused	death.)				
	ANTECEDENT CAUSES		(B)			
DISEASES (OR CONDITIONS, if	ny, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYIN	e abave cause (A) G CONDITION (ast	staling the	(c)			5
	11		(0/			
OTHER SIGNIE	FICANT CONDITIONS CON	TRIBUTING				
	TH BUT NOT RELATED TO THE CONDITION GIVEN IN PART	1 (A).	***************************************	**********************		
19A-DATE OF	OPERATION 198. CONI	DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE F	INDINGS CONSIDERED JSES OF DEATH?
					IN CERTIFIEND CAL	SES OF DEATH!
OR CONTRIBL	NT WAS UNDERLYINO DITINO CAUSE OF medicol axomined	21 B. ham elc.	ie, form, factory, street, of	or obout 21 C. WHERE DID ince bldg., INJURY OCCUR?	(If In Boltimore	City, give exoci locotion)
21D. TIME	(Month) (Doy) (Year)	(Haud 21E	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
APPROX.)		Whi	ila At Not While	П		
22. I certify	that ()((this hospital)				9 69_to_JUN	VE 15. 19.69
thotXIX(we)	last sow the deceased	d olive on_	JUNE 15	19_69and the		ion death occurred on the date
and have one	from the couses state	ed above. ((Me) (पाय) (अंद्रें %) (भ	lew the bady after death.	,	
23A. SIGNATU	IRE	1	4			23B, DATE SIGNED
23C. PHYSICIA	muallo L.	Water,	OE GREE Phys		Staff Phys.	6-15-69
NAME (T	ypel	1.1	(,)	ST. Acues	<i>(</i> ()	^
AA. BURIAL COE	Comualdo K	· vator	1 M .V. DEGREE	1 Conces	tospital	
REMOVAL	MATION, 248, DATE	9 24C.NA	AME OF CEMETERY OF CRE	0	CATION (City	(Stote)
25A. DATE REC'D	BY HEALTH DEPLO	25B NAME C	F REGISTRAR	25C. FUNERAL DIRECTOR	13	DOUONG 6 MOL
1	JUN 1 7 1969	Probe B	E. Jaber M.D.	TRoma XX	Junes Rec	1600/20/1/105

. C 7 327 graphic state of the state of FUNERAL DIRECTOR: IMPORTANT

		60	000	BALTIMORE CITY	HEALTH DEPARTMENT	V	00	0000
D:	DTU NO	69	609	CERTIFICA	TE OF DEATH	REG. NO	69	6036
1.	RTH NO.	CEASED				NE USUA SE EL EU		
(T)	pe or Print)	TERR	VILIVA	PETER	JUNE	AND HOUR OF DEATH		10.05 D
3.	PLACE IN BAL	TIMORE MARYLAND, W	HERE PRONO	UNCED DEAD	14. USUAL RESIDENCE IWI		nstitution: resid	IU:U5 PM
					MASIAIE & COL	INTY		ance belote dumission;
H	ILL NAME OF	ADDRESS OR LOCA	AL OR INSTITI	UTION, GIVE STREET	MARYLAND	Balto, Co.		530
IIN	NOITUTITE				BALT I MORE	D. INS	IDE CITY LIMIT	
	ST	AGNES HOSP	TAL		E. STREET AND NUMBER		YES	ио 🖾
1	40					H ROAD		
5.	SEX	6. RACE	7. MAPPIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	1 (1 (1-4 1	V. 16 tl 1 24 tl
	MALE	WHITE	WIDOWED		06 24 94	lost birthday)	Il Under 1 Months Do	Yr. If Under 24 Hrs.
10/	LUSUAL OCC	UPATION (Give kind of work	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fo	reion country)	12. CITIZEN	OF WHAT COUNTRY
do	ie cotting most of	working life, even il retired)	Crown (Cork & Seal			1.23 01112211	
13.	RETIRE				ITALY			U.S.M.
					14. MOTHER'S MAIDEN NA	AME		
	JOSEPH	TERRACINA		No.	ROSA ()		
IYe	Wos Deceased s, no or unknown	Ever in U. S. Armed Fore	ces? s of service)	1 6. SOCIAL SECURITY NO.	17- INFORMANT		AE	DDRESS
	NO			218093597	ST AGNES RE	CORDS-CATO	IW 3 M	IKENS AVE
	18.441	21		CAUSE OF DEATH	1	OORDS CATO	1 4	PPROXIMATE INTERVAL
		E OR CONDITION DIR	ECTLY				BETV	WEEN ONSET AND DEATH
	(This does n	LEADING TO DEATH	dutan a -	(A) IMMEDIATE CAU	se (1) Abdo	murel an	oursen	u'
	heori failure.	oshenio, elc. Il meons	the disease	DUE TO, OR AS	CONSEQUENCE OF:		0	
	7.9	plication which caused	death.)		@ My	o condial	hytoria	Yoi
		ANTECEDENT CAUSES		(B)	~ (f) 10. 1	ladia	- A (D)
	DISEASES C	R CONDITIONS, if a obove cause (A)	iny, giving	DUE TO, OR AS	A CONSEQUENCE OF:	rssitule 1	terro fin	course of
	UNDERLYING	CONDITION last	stating the	(c)	1	the funt	Ψ.	•
		П						
ON	OTHER SIGNIF	CANT CONDITIONS CON	TRIBUTING					
A	DISEASE OR C	H BUT NOT RELATED TO TH ONDITION GIVEN IN PART	E TERMINAL	****************				********
FI	19A. DATE OF	OPERATION 198 CONE	OFMED	HICH OPERATION	20A. AUTOPSY? (Yes or N		FINDINGS CO	NSIDERED
CERTIFICATION					NO	IN CERTIFYING CA	USES OF DEA	7H?
T.	OR CONTRIBU	TING CAUSE OF	21B.	PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(if In Baltimar	e City, give ex	act location)
0	DEATH (notily	medical examined	etcJ					
MEDI	21 D. TIME OF INJURY	(Month) (Day) IYearl	(Hour 21E	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
2	(APPROX.) While At Work At Work							
		last saw the deceased						19.69
	1					hat In (mỷ) (our) apli	nian death o	ccurred an the dote
	and haur and from the causes stated abave. (1) (We) (dld) (Me mot) view the bady after death.							
			M	M.D. Atten	ding Med.	CA-III	238, DATE SI	GNED
	22C PHYSICIAL	A MILY MA			Director L	Phys.	06 12	69
	23C. PHYSICIAI NAME (Ty	pe)	FZA	1 - 1 2	3D. ADDRESS			
		, ,		DEGREE	ST AGNES HOS	P. BALTO N	ID 2122	20
24A	REMOVAL (S	AATION, 248, DATE	24C. NA	ME of CEMETERY OF CRE		OCATION (Cit	y, tawn, or car	untyl (Stote)
	Burial	6/16/69	New	Cathedral Cem	etery Bai	Ltimore, Mar	yland	
25A	DATE REC'D	BY HEALTH DEAT	25B NAME OF	PREGISTRAR ACD	25C. FUNERAL DIRECTO	R _d	. /	ADDRESS
	JI	11 T (1909)	م وديان حد	Acrost LED.	Witzke 4101	## dmondson A	e., 212	229
VS	150-REV. 1/1/6	8					7	

	ed in a hospital and uting cause of death. d cause; (5) Deceased r attendance on the prior to death. Such
R: IMPORTANT	er or his assistant if death occurry. Also, if the direct or contributure of any kind; (4) Undetermine ronounced death was in regula ar attendance on the deceased balmed or final disposition is mad
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death, shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	This certificate must be the body was released shows: (1) An accident was D.O.A. at a hospit deceased prior to deat written approval must

11/	CE	00	BALTIMORE C	ITY HEALTH DEPARTMENT		00 0000
DIRECT NA	65	9 60	CERTIFIC	ATE OF DEATH	REG. NO	69 6097
BIRTH NO.	*******		OLK III IC			
(Type or Print)		2.0	-		AND HOUR OF DEAT	
	O'Connor,	Mary	E.	6/1	5/69 7:07 F	P. M.
3. PLACE IN BAL	TIMORE MARYLAND, V	VHERE PRONC	OUNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived II	institution: residence before admiss
FULL NAME OF	(IF NOT IN HOSPIT	TAL OR INSTIT	TUTION, GIVE STREET	Margland	UNIY	28-34
INSTITUTION				C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
1	St. Agnes		1	Baltimore		YES NO
40	Baltimore,	Md.		E. STREET AND NUMBER		
1				4814 Lind	sey Road	
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED		9. AGE (In years	If Under 1 Yr II Under 24
Female	White	WIDOWED		5/15/85	lost birthday)	if Under 1 Yr. II Under 24 Months Doys Hours Min
IOA, USUAL OCC		IOR KIND O	E BIISINESS OR INDUST	RY 11. BIRTHPLACE (Stote or fe	84	
done during most of	working life, even if retired)	TO CHANGE O	L BOSINESS OF IMPOSI	KI II. BIKIMPLA CE (Slota at le	oreign country)	12. CITIZEN OF WHAT COUN
	-	-	-	Ireland		USA
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN N	AME	
Matth	ew Smythe Ever in U. S. Armed For				4814	4 Lindsay Rd. Ltimore, Md.
15. Was Docoased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT	7 2003	ADDRESS
	Jest 8110 HOLDE 01 0010	e ui service)	SECURITY NO.	-		
100				Miss France	s O'Connor	r,
18.410	. 7 1		CAUSE OF DEA	TH		APPROXIMATE INTERVA
DISEAS	E OR CONDITION DIS	RECTLY				BETWEEN ONSET AND DE
	LEADING TO DEATH		(ANIMMEDIATE C	AUSE DRUTE	1	
(This does n	of mean the mode of asthenia, etc. It means	dying, e.g.,	DUE TO, OR A	AUSE DE VIE	MYOURE	21/60
injury of cam	plication which caused	death.)		INFARROTIN	/ /	
	ANTECEDENT CAUSES			100 1 1/12 = 1104		1
i			(B) AR	AS A CONSEQUENCE OF:	io commai	2
DISEASES O	R CONDITIONS, II	any, giving	DUE TO, OR	S A CONSEQUENCE OF:	and the same of th	A
INDERIVING	above cause (A) CONDITION last	sloting the	m	CULAR MISS	2 4	
ONDERENING	CONDITION 18SL		(C)	SULMA MIS	138 5	
7	II					
OTHER SIGNIF	CANT CONDITIONS CON	NTRIBUTING				
A DISEASE OR CO	H BUT NOT RELATED TO THOUDITION GIVEN IN PART	I 1 (Δ).	************			*************
H 19A. DATE OF	OPERATION 1198 CONI	DITION FOR Y	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208, IF YES. WERE	FINDINGS CONSIDERED
OTHER SIGNIFITO THE DEATH DISEASE OR CO. 19A. DATE OF	WAS PERF	OKMED		Mill	IN CERTIFTING CA	AUSES OF DEATH?
	T WAS UNDERLYING	21B	PLACE OF INJURY (a.g.	in ar about 21C. WHERE DID	let to Doles	CHI.
. IOR CONTRIBU	TING CAUSE OF medical examined	hom	a, form, factory, street,	affice bldg., INJURY OCCUR?	omition ni 11)	re City, give exoct location)
O I		etc.				
OF INJURY	(Month) (Doy) (Year)	(Hous) 21E.	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX)		Whi	le At Not Wh	ile 🗀		
		Wo	W WI 1101	k L		4
22. I certify	that (I) (thI s hospital)	attended t	ne deceased from	///	1963 10 6	165 19 60
that (I) (we)	last saw the deceased	d alive on	6/13	19 6 9 and 1		Inlon death occurred on the d
,			\ (W^\) (10.1\ (\) .		incinitual (ond ab)	mon death occurred on the d
and have and from the causes stated above. (i) (We) (did) (did not) view the body after death.						
23A. SIGNATURE 23B. DATE SIGNED						
Attending Med. Stoff Director Stoff						
23C. PHYSICIAMS DEGREE Phys. Director Phys. 23D. ADDRESS						
NAME ITY	pol			UDDKESS		
10	16N H. 8	how	MM- GEGRE	58W 500 m	1211290W -	11. Halle 20/20
24A. BURIAL CREM REMOVAL (S	AATION, 248. DATE	24C. N	ME of CEMETERY OF CI	60110	LOCATION IC	ily, tawn, or caunty) (State)
	pecity/	4				
Burial	AV LIGATORIA	All			s Plaines,	Illinois
25A. DATE REC'D		25B, NAME C		25C. FUNERAL DIRECTO	47	ADDRESS
	JUN 1 7 1969	المان المان	E. Jaiber, M.D.	Witzke, 410	1 Edmondes	n Arr Dalta
VS 150-REV. 1/1/6				1 112 02120 9 720	- Danionasc	on Av., Balto M

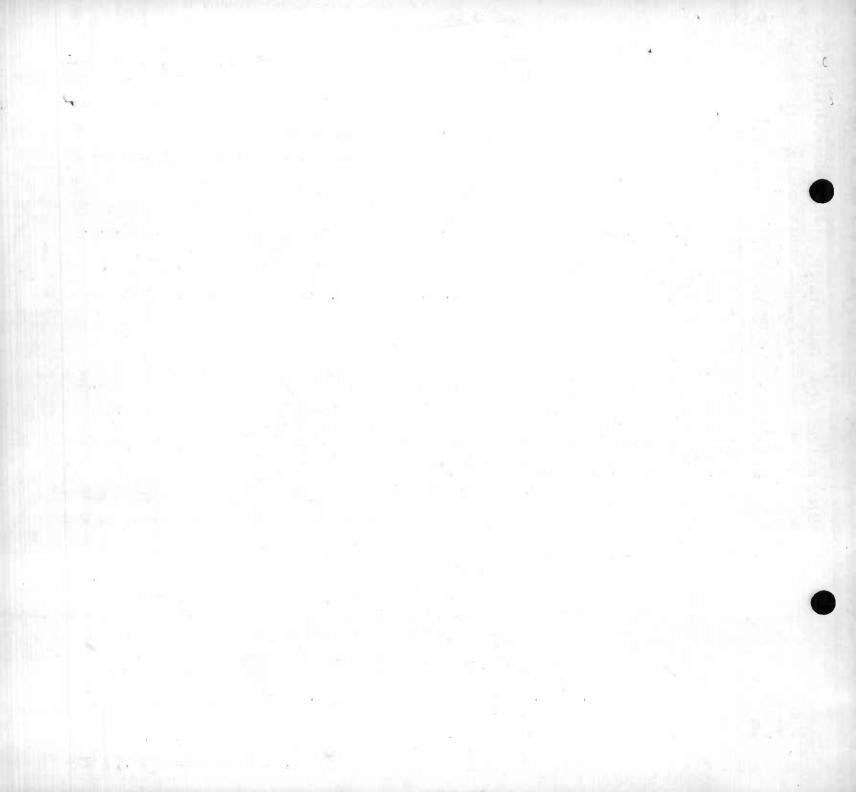


VS 150-REV. 1/1/68

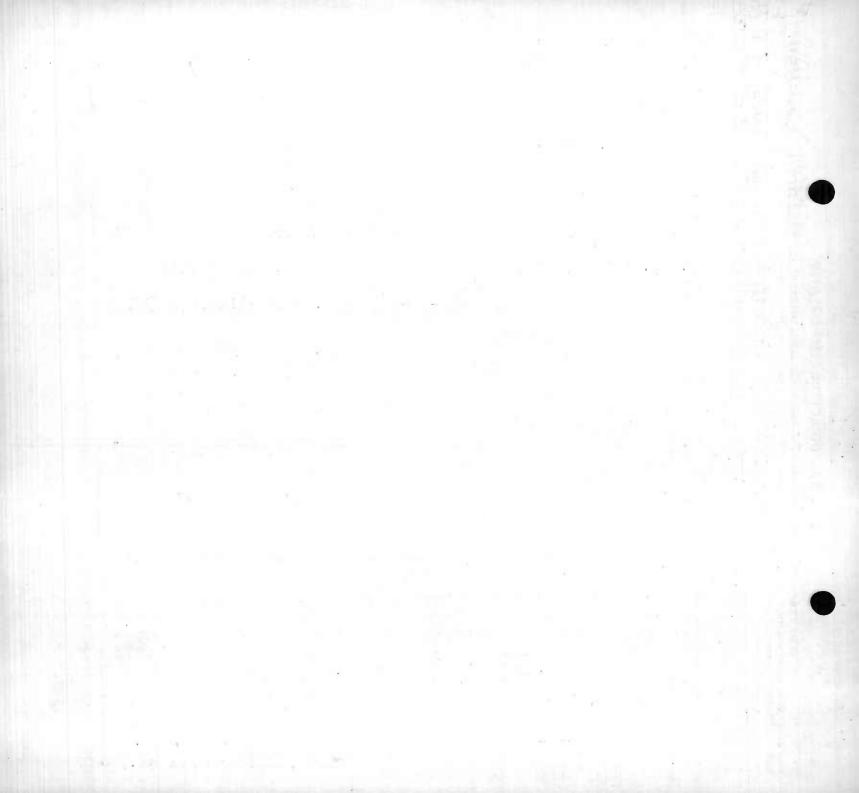
IMPORTANT

FUNERAL DIRECTOR:

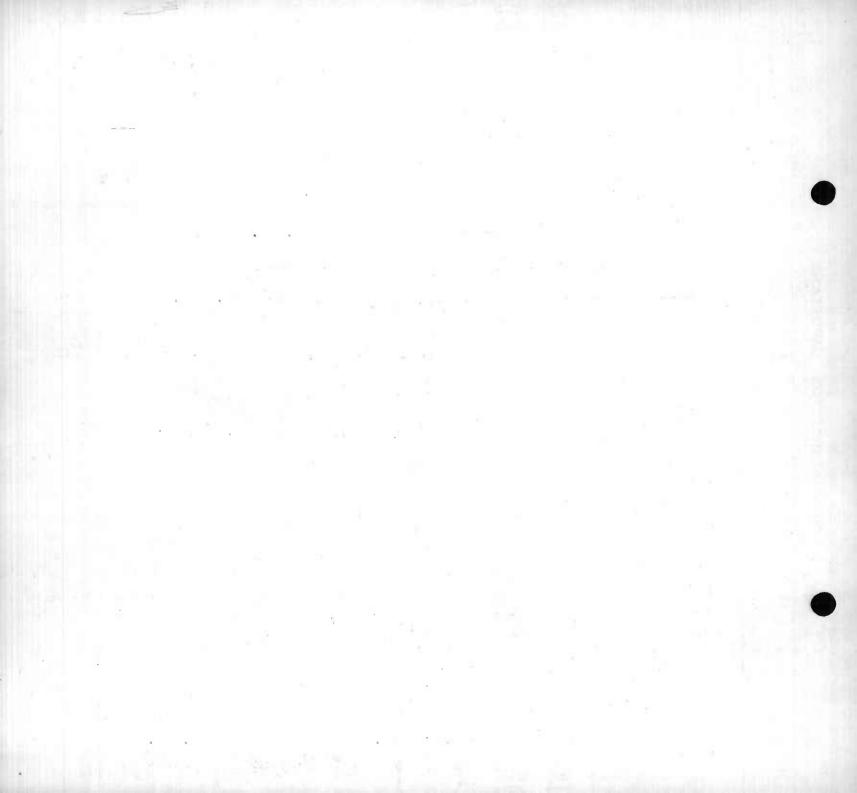
AKIMENI	00 000
DEATH REG. NO.	by beec
2. DATE AND HOUR OF DEATH	130 pm M.
SIDENCE (Where deceased lived, II in B. COUNTY	stitution; residence before admission)
Balto	28-34.
D. INS	IDE CITY LIMITS?
ore ND NUMBER	YES X NO
candicioleocReand 601	Braeside Road
IRTH 9. AGE (In years	II Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
1895 lost birthday	Months Doys Hours Min,
CE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
and	U.S.A.
MAIDEN NAME	
NT	ADDRESS
argaret McCarthy, 6	01 Braeside Road
the ful alix	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CE OF: Edema	
ay Call	
Prance	
x William	
PSY? (Yes or No) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
WHERE DID (If in Boltimor	e City, give exact location)
HOW DID INJURY OCCUR?	
10	60
69 19 to 6/1	1927.
	nian death accurred on the date
after death.	23B, DATE SIGNED
Med. Director Phys.	6/14-69
Baltimore Street	
24D. LOCATION (C	ity, town, or county) (State)
Baltimore, M	arvland
RAL DIRECTOR	ADDRESS
ke, 4101 Edmondson	Ave., 21229



RETH NO. RAME OF DECASED Type or Policy Albert Flitt D. PACE IN BALTIMORE, MARTLAND, WHEE FRONOUNCED DEAD RETHING OF DECASED Type or Policy ALDESS OR LOCATION, GREEF FLONOUNCED DEAD RULL SAME OF THE MOTINE HOSPITAL OR INSTITUTION, GVE STREET ROUTH HOSPITAL OR INSTITUTION, GVE	NIDTH NO				HEALTH DEPARTMENT		1 1 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
NAME OF DECLASED	BIKIH NO.	69	6099	CERTIFICA	TE OF DEATH	REG. NO.	69 6039
3. FACE IN BATHMORE MARRIAD, WHERE PRONOUNCED DEAD NILL NAME OF MADDRESS OF LOCATION OF INSTITUTION, GIVE STREET HOSPITAL OR St. Agnes Hospital or Institution midiates believed institution midiates and made to the middle of the m	NAME OF DEC	EASED			2. DATE AN	D HOUR OF DEATH	
S. BACE PARTHOSE MARRIADOR OF GONESIS DECATION GVESTREET CONTROL OF STREET CON	Type or Print)	Al hert Pl	1 t.t.			Auno 141	9691 8:00 A
FULL NAME OF ADDRESS OF LOCATION INSTITUTION, GVE STREET ADDRESS	3. PLACE IN BAL			CED DEAD	14. USUAL RESIDENCE (WHO	re deceased lived/11 in	stitution: residence before admission
St. Agnes Hospital St. Ag		Inviolet Invikianies, ii	TIERE I ROTTO OTT	OLD DEMO	A. STATE B. COUN	ITY	00 611
St. Agnes Hospital St. Ag	FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUTIO	ON, GIVE STREET	MARYLAND		18-24
St. Agnes Hospital St. Agnes Hospital	HOSPITAL OR	ADDRESS OR LOCA	ATION)			D. INSI	DE CITY LIMITS? 21229
SEX. Agnes Hospital SEX. Agne	1.1.75				BALTIMOR	_	YES X NO
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SEEK S. BACE		out water .	DPDT GOT		573 017	APPLIARY	Pran
Months Doys Hours Min. OR. USUAL OCCUPATION (Give had of work) De, KIND OF BUSINESS OR INDUSTRY 11. BIETHFLACE (Side or losegin country) Retired Butcher Own business Baltimore USA J. Win. Plitt (late) J. Win. Plitt (late) Dorothea Manger (late) Swel Deceased Ever in U. S. Armed Forces of service of country and country in the country of the		1					
MACHUSIA COLORITOR SIGN stud of working like, year of related process with the control of the control of the color of the			MARRIED	NEVER MARRIED			Months Doys Hours Min.
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3. FATHER'S NAME J. Wm. Plitt (late) 5. WAS Decorated Ever in U. S. Armed Forces? 16. SOCIAL 18. J. J. J. J. J. J. J. J. SOCIAL 18. J.	_						
1. MOTHER'S MAIDEN NAME 1. MOTHER'S MAID	Retired	Butcher	Own	business	Baltimore		USA
Swap Deceased Free in U. S. Armed Forces? Signature of U. S. Armed Forces?	3. FATHER'S NA	ME			14. MOTHER'S MAIDEN NA	ME	
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21.29 21.6—32—8633 Mrs.Grace Plitt,523 Old Orohard Rd CAUSE OF DEATH CAUSE OF DEATH (This does not mean the mode of dying, e.g., heart follow, eatheries, etc. it means the disease, injury or complication which caused death. ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF CAUSE OF DEATH (This does not mean the mode of dying, e.g., heart follow, eatheries, etc. it means the disease, injury or complication which caused death. ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF CAUSE OF DEATH (C). DUE TO, OR AS A CONSEQUENCE OF CAUSE OF DEATH (This does not mean the mode of dying, e.g., heart follow, eatheries of the caused death of						anger (Lat	
18.				SECURITY NO.	17. INFORMANT		
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Burial 6-17-69 Loudon Park Baltimore, Md. 25A. DATE REC'D BY HEALTH DEPT. 15B. NAME OF REGISTRAR WITZKO, 4101 Edmondson Ave., 21229	OR CONTRIBL DEATH (notify) 21D.TIME OF INJURY (APPROX.) 22. 1 certify that (1) (we) and haur and 22A.SIGNATU	that (1) (this haspital	(Hour) 21 E. IN While Work (Hour) 21 E. IN While work	At Not While At Work deceased fram	19 9 and the riew the bady after death. Mod. Director 23D. ADDRESS	1964 to	Medical Examine
Burial 6-17-69 Loudon Park Baltimore, Md. SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR WITZRE, 4101 Edmondson Ave., 21229 JUN 1 7 1969 Robert E. Jacker, M.D. Witzke, 4101 Edmondson Ave., 21229	OR CONTRIBL DEATH (notify 21 D. TIME OF INJURY (APPROX.) 22. 1 certify that (1) (we) and haur any 22A. SIGNATU	that (1) (this haspital last saw the decease from the causes star pre-	(Hour) 21E, IN While Work I) attended the ed alive an	Not While At Work deceased from Z 3 We) (did) (did not) where the percent is the percent in the percent in the percent is the percent in the percent is the percent in the percent in the percent is the percent in	19 69 and the riew the bady after death. Inding Med. 5. Director 23D. ADDRESS 4116 Edmo	1964 to got ont opt (Chard T) Staff Phys. ndsonAvenue	Machical Examina) 238. DATE SIGNED 6-16-69. Bulls, Md 2122
JUN 1 7 1969 Robert E. Jaben M.D. 250 Funeral Director Witzke, 4101 Edmondson Ave., 21229	OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. 1 certify that (!) (me) and haur and 22A. SIGNATU 23C. PHYSICIA NAME (T	that (1) (this haspital last saw the decease from the causes state that the causes state the causes state that the causes state that the causes state the causes state the causes state that the causes state that the causes state the causes state that the causes state the causes state the causes state that the causes state the causes state that the causes state the c	(Hour) 21E, IN While Work I) attended the ed alive an	Not While At Work deceased from Z 3 We) (did) (did not) where the percent is the percent in the percent in the percent is the percent in the percent is the percent in the percent in the percent is the percent in	19 69 and the riew the bady after death. Inding Med. 5. Director 23D. ADDRESS 4116 Edmo	1964 to got ont opt (Chard T) Staff Phys. ndsonAvenue	Machied Example 238, DATE SIGNED Color of Sulfa, Sulfa 2122
JUN 1 7 1969 Robert E. Jaben M.D. Witzke, 4101 Edmondson Ave., 21229	OR CONTRIBL DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. 1 certify that (1) (that (1) (this haspital last saw the decease from the causes state (NYS) Dr. Knipp MATION, 24B. DATE	(Hour) 21E. IN While Work I) attended the ed alive an	Not While At Work deceased fram	19 69 and the riew the bady after death. Inding Med. 23D. ADDRESS 4116 Edmo	1964 to	nian death accurred an the do Machical Example [23B, DATE SIGNED 6-16-69 Builty Sud 2122 1y, town, or county) (State)
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	OR CONTRIBLE DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. 1 certify that (!) (me) and haur and 22A. SIGNATU 23C. PHYSICIA NAME (T. REMOVAL (C. BUTIAL CRE RE	that (1) (this haspital last saw the decease from the causes state of the causes of	(Hour) 21E. IN While Work I) attended the ed alive an	Not While At Work deceased from 23 We) (did) (did not) which deceased from 24 We) (did) (did not) which deceased from 24 DEGREE For CEMETERY or CRI	19 69 and the riew the bady after death. Inding Mod. Director Dir	1964 to gold out only only only only only on Avenue ocation (Cill timore, I	phian death accurred an the do Machical Example 23B. DATE SIGNED 6-16-69 Builds Sund 2122 by, town, or county) (Stote) Add. ADDRESS
VS 150-REV, 1/1/6B	OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. 1 certify that (!) (me) and haur and 22A. SIGNATU 23C. PHYSICIA NAME (T	that (1) (this haspital last saw the decease from the causes state of the causes of	(Hour) 21E. IN While Work I) attended the ed alive an eted abave. (I) (1) (1) (1) (24C. NAM LOU. (25B. NAME Of 1)	Not While At Work deceased from	19 69 and the riew the bady after death. Inding Mod. Director Dir	1964 to gold out only only only only only on Avenue ocation (Cill timore, I	nian death accurred an the de Machical Example 23B. DATE SIGNED 6-16-69 Build Sund 2122 by, town, or kounty) (Stote) Add. ADDRESS



VS 150-REV. 1/1/6B



69 6101

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO

BIRTH NO.	KEG. NO.					
1. NAME OF DECEASED (Type or Print) BERNARD HALFORD	2. DATE Known Month Doy Yeor Hour OF DEATH Estimoted June 14, 1969 7:35 A. M.					
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD June 14, 1969 7:35 A. M.					
46 Lutheran Hospital	5. USUAL RESIDENCE (Where deceosed lived, Il institution: residence before odmission) A. STATE Maryland B. COUNTY					
6. SEX 7. RACE B. MARRIED NEVER MARRIE	D. INSIDE CITY LIMITS?					
Male Negro WIDOWED DIVORCE	Baltimore YES X NO					
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 2 Norths Doys Hours 35						
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME					
Baltimore, Md. WHAI COUNTRY?	Glenn Halford					
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR IND done during most of working life, even if retired)	OUSTRY 15. MOTHER'S MAIDEN NAME					
Laborer ASARCO	Mary Dorsey					
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS					
(Yes, no or unknown) (II yes, give wor or dotes of service) Yes 11/20/52 7/20/56 SECURITY NO	Mrs. Irene Halford 1202 E. Federal St					
19. CAUSE OF	DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY						
	DIATE CAUSE Multiple blunt injuries					
(This does not mean the mode of dying, e.g., DIFT	D, OR AS A CONSEQUENCE OF:					
heort foilure, osthenio, etc. It means the disease, injury or complication which coused death.)						
ANITECEDENT CAUSES						
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	D, OR AS A CONSEQUENCE OF:					
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.						
Z (c)	***************************************					
II CONTRACTOR OF THE PROPERTY						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION						
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATIO	DN WAS PERFORMED 21. AUTOPSY? (Yes or No)					
O O	21. AUTOFST? (100 OT TO)					
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY	Y(e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location)					
O LINDERLYING TOP CONTRIB	et, office bldg., etc.) INJURY OCCUR?					
UTING □ CAUSE OF DEATH. Street	Gwynns Falls Parkway & Longwood St.					
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.NJURY OCCURRED 22F. HOW DID INJURY OCCUR?						
(APPROX.) 6-14-69 2:45 A. m. WORK AT WORK X Passenger in auto-auto collision						
23. 1 certify that I held on Inquiry Inspection	23.					
resulted from: Notural causes Accident X	Suicide Homicide Undetermined monner					
00 00	CHIEF MEDICAL EXAMINER					
ACTUAL (Lea X)	ASSISTANT MEDICAL EXAMINER X					
SIGNATURE EXAMINER'S Charles C Springers W I	ACCOCIATE MEDICAL EVANINED					
NAME (Type) Charles 5. Spulligate, M.	June 15, 1969					
REMOVAL (Specify)	ETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)					
Burial 6-18-69 Baltimore	National Cemetery Baltimore, Maryland					
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS					
IIIN 1 7 1969 Die E. Failer, 4	Herbert E. Nutter 3035 W. North Ave					
VS 151-REV. 1/1/6B						

The state of the s

6102 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. BIRTH NO I. NAME OF DECEASED 2. DATE Known D Month Hour (Type or Print) OF DAVIDS. DORSEY Estimoted June 14, 1969 DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE Month Dov Yeor Hour PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF June 14, 1969 3:22 AM HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) B. COUNTY Lutheran Hospital (DOA) Maryland 6. SEX 7. RACE C. CITY OR TOWN D. INSIDE CITY LIMITS 8. MARRIED A NEVER MARRIED Male Negro Baltimore WIDOWED DIVORCED YESH NO ... 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER lost birthday) Months | Doys , Hours , Min. 4/12/20 49 2821 Edgecombe Circle N. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? Montgomery CO. Isaiah Dorsev 14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired) Mail Clerk U.S. Post Office Maude Riggs 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO. 18. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) 10/17/42 2/11/46 214+12-7515 Mrs Bessie Dorsey 2821 Edgecomb Cir. N. APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Multiple blunt injuries (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF: injury or complication which coused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTI 20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location) home, form, factory, street, office bldg., etc.) INJURY OCCUR? 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-Gwynn's Falls Parkway & Longwood St. street UTING CAUSE OF DEATH 22D. TIME (Month) 22E. INJURY OCCURRED 22F. HOW DID INJURY OCCUR? (Doy) (Yeor) (Hour) OF INJURY 6-14-69 2:45 NOT WHILE Driver in auto-auto collision (APPROX.)

Autopsy X

Homicide

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

25C. FUNERAL DIRECTOR

Suicide

24C. NAME of CEMETERY or CREMATORY

Baltimore National Cem.

ond that on this bosis, deoth In my opinion

24D. LOCATION

Undetermined monner

Baltimore. CO. Md.

E. Nutter 3035 W. North Ave.

DATE SIGNED

(Stote)

June 14, 1969

(City, town, or county)

ADDRESS

Inspection L

Aceident X

25B. NAME OF REGISTRAR

Charles S. Springate, M.D.

I certify that I held an Inquiry

24B. DATE

resulted from: Natural couses

ACTUAL

24A. BURIAL CREMATION,

REMOVAL (Specify)
Burial

SIGNATURE_ EXAMINER'S

NAME (Type)

25 A. DATE REC'D BY HEALTH DEPT.

- D · ALE ALL BEET STORY Eliterate of the selection of the THE SUPPLY OF THE STATE OF THE

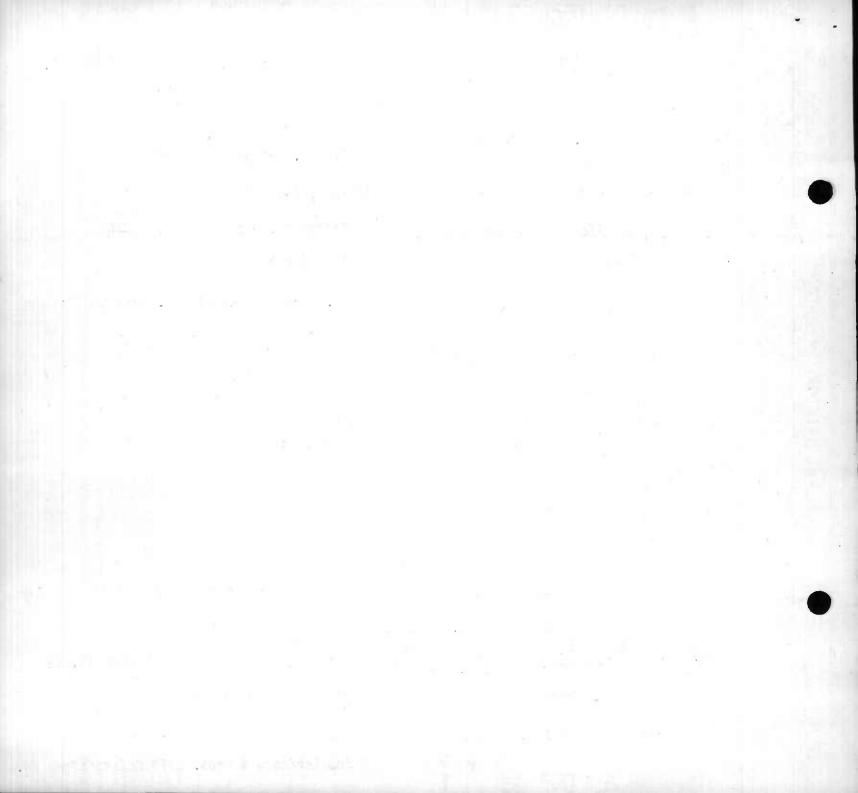
BIRTH NO. 1. NAME OF DECEASED (Type or Print) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION FULL NAME OF ADDRESS OR LOCATION) INSTITUTION 5. SEX 6. RAGE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED 10A USUAL RESIDENCE (Where deceosed lived, If institutions residence before admiss B. COUNTY BALTIMORE YES NO LUMBER FUNDING HOUSE IN UNITABLE OF BIRTH WIDOWED DIVORCED 10A USUAL OCCUPATION (Give kind of work) 198, KIND OF-BUSINESS OR INDUSTRY 10A USUAL OCCUPATION (Give kind of work) 198, KIND OF-BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign caunity) 12. CITIZEN OF WHAT COUNTY 13. FATHER STAME RUBENSTEIN 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 217- 17034 APPROXIMATE INTERN APPROXIMATE	NAME OF OPERATED	SARCE IN BATTMORE MARTLAND, WHEE PRONOUNCED DEAD SARC	1	2-152 by 6103 CERTIFICA	TE OF DEATH REG. NO. 69 6103
S. KALE IN SACIONAL MARKED, WHILE A CRINSTITUTION, GIVE STREET	PILL NAME OF ADDRESS OR LOCATION NO. INSTITUTION, GIVE STREET	B. COUNT Color State St	1.N	'H NO.	2. DATE AND HOUR OF DEATH 8.20
DISEASE OR CONDITIONS, if ony, giving rise to the above cause (A) stating when follows, etc. I means the disease, injury or complication on which give the disease, injury or complication on which of the property of the p	IOA, ISSUAL O CCUPATION (Give kind of work) IOA SULVANIANA IOA SULVA	IOA_USUAL OCCUPATION (ign veni d reined) IQN VIND OF SUSINESS OR INDUSTRY II. BIRTHFLACE (Stole or foreign country) I2. CITIZEN OF WHAT COUNTY II. BIRTHFLACE (Stole or foreign country) I2. CITIZEN OF WHAT COUNTY II. BIRTHFLACE (Stole or foreign country) I2. CITIZEN OF WHAT COUNTY II. BIRTHFLACE (Stole or foreign country) I2. CITIZEN OF WHAT COUNTY II. BIRTHFLACE (Stole or foreign country) I2. CITIZEN OF WHAT COUNTY II. BIRTHFLACE (Stole or foreign country) I2. CITIZEN OF WHAT COUNTY II. BIRTHFLACE (Stole or foreign country) I2. CITIZEN OF WHAT COUNTY II. BIRTHFLACE (Stole or foreign country) I2. CITIZEN OF WHAT COUNTY II. BIRTHFLACE (Stole or foreign country) I2. CITIZEN OF WHAT COUNTY II. BIRTHFLACE (Stole or foreign country) I2. CITIZEN OF WHAT COUNTY II. BIRTHFLACE (Stole or foreign country) I2. CITIZEN OF WHAT COUNTY II. BIRTHFLACE (Stole or foreign country) I2. CITIZEN OF WHAT COUNTY I2. CITIZEN OF WH	FU	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS? VESTREET AND NUMBER D. INSIDE CITY LIMITS? VESTREET AND NUMBER
doseduring most of working life, even if retired) RUBENSTEIN 13. FATHERS NAME RUBENSTEIN 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no of unknown) lift yes, give wor or doles of service) 16. SOCIAL (Yes, no of unknown) lift yes, give wor or doles of service) 17. INFORMANT RUBENSTEIN 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not moon like mode of dying, e.g., heart foilure, ostheria, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A]. 19. A.DATE OF OPERATION 1/98. CONDITION FOR WHICH OPERATION 20. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFING CAUSES OF DEATH? 212. A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING TO THE OF OPERATION 1/98. CONDITION FOR WHICH OPERATION 20. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFING CAUSES OF DEATH? 212. A. ACCIDENT WAS UNDERLYING 1/98. CONDITION FOR WHICH OPERATION 20. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFING CAUSES OF DEATH? 212. A. ACCIDENT WAS UNDERLYING 1/98. CONDITION FOR WHICH OPERATION 20. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFING CAUSES OF DEATH? 212. A. ACCIDENT WAS UNDERLYING 1/98. CONDITION FOR WHICH OPERATION 20. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFING CAUSES OF DEATH? 212. A. ACCIDENT WAS UNDERLYING 1/98. CONDITION FOR WHICH OPERATION 20. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFING CAUSES OF DEATH? 215. HOW DID INJURY OCCUR? 216. HOW DID INJURY OCCUR? 217. HOW DID INJURY OCCUR? 218. PLACE OF INJURY OCCURRED WINDING TO WHICH 218. INJURY OCCURRED W	13. FATHER STAME RUBENSTEIN 16. SOCIAL 17. INFORMANT RUBENSTEIN 18. 19	15. FATHELYNAME NOTHERS: WAIDENSTEIN NOTHERS: WAIDEN NAME NO	5.	roll widowed Divorced	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
RUBENSTEIN SECURITY NO. 17. INFORMANT 17. INFORMANT 200 18. 18. 19.	IS. Was Deceased Ever in U. S. Armed Forces? (Yes., no or unknown) (If yes., give wor or dotes of service) NO 217-12-7034 MRS. TILLIE RUBENSTEIN APPROXIMATE INTERV SETWEEN ONSET AND D SETWEEN ONSET AND D APPROXIMATE INTERV SETWEEN ON	S. Wes Decessed Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. 18. 19.	dog	during most of working life, even if retired)	Ceogra U.S.A
NO SECURITY NO. 217-12-7034 MRS. TILLIF 2601 MADISON AVE. APT	SECURITY NO. SECURITY NO. SECURITY NO. SECURITY NO. 217-12-7034 MRS. TILLIE 2601 MADISON AVE. APPROXIMATE INTEX- SETWEEN OF DEATH SETWEEN ONSET AND DEATH SETWEEN ONSET AND DETECTOR SECURITY NO. 18. CAUSE OF DEATH SETWEEN ONSET AND DETECTOR SECURITY NO. 217-12-7034 MRS. TILLIE 2601 MADISON AVE. APPROXIMATE INTEX- SETWEEN ONSET AND DETECTOR SETW	Security No. SECU	13.		Cena Carber
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean lihe mode of dying, e.g., heart failure, osthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION To the DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION SIVEN IN PART 1 [A]. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A]. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION 199A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 199A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 190A. DATE OF OPERATION 190A. DATE OF OPERATION 190B. CONDITION FOR WHICH OPERATION 100 OR CONTRIBUTING CAUSE OF DEATH? 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID INJURY OCCUR? 21D. TIME (Manth) (Dey) (Year) (Haur) 21D. TIME (Manth) (Dey) (Year) (Haur) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR?	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart failure, esthemia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost, (C)	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heard followe, estherial, etc., It means the disease, injury or complication which caused deeth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) sloting the UNDERLYING CONDITION last. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION OF WHICH OPERATION DISEASE OR CONDITION SIVEN IN TARE I (A). DISEASE OR CONDITION Rest or CONDITIONS CONTRIBUTING THE TERMINAL DISEASE OR CONDITION OF WHICH OPERATION DISEASE OR CONDITION Rest or CONDITIONS CONTRIBUTING CONDITIONS CONTRIBUTING CONDITIONS CONTRIBUTING CAUSES OF DEATH? DISEASE OR CONDITION REST (A). DISEASE OR CONDITION REST. (B) DUE TO, OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE	15. (Ye	s, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 217-12-7034	RUBENSTEIN MRS. TILLIE 2601 MADISON AVE. APT.
DISEASE OR CONDITION GIVEN IN PART 1 [A]. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exoct locotion) OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer) 21B. PLACE OF INJURY OCCUR? 21D. TIME (Manth) (Doy) (Yeor) (Haur) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Nat While	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSES OF DEATH? 21A-ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? 21A-ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSES OF DEATH? 21A-ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSES OF DEATH? 21A-ACCIDENT WAS UNDERLYING OR CAUSES OF DEATH? 21A-ACCIDENT WAS U	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID INJURY OCCUR? DEATH (notify medical exominer) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSES OF DEATH? 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID INJURY OCCUR? DEATH (notify medical exominer) 21F. HOW DID INJURY OCCUR? While Al	z	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (C) (C)	tes Mellitus.
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3. P	LACE IN BALT	TIMORE, MARYLAN	D, WHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE	June 14, 1969 E (Where deceased lived, COUNTY	If institution: residenc	before admission
HO:	L NAME OF	(IF NOT IN HI ADDRESS OR	OSPITAL OR INST	TITUTION, GIVE STREET	Maryland C. CITY OR TOWN	D.	INSIDE CITY LIMITS?	7-13
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0	0	1190 W. N	iorunern i	Parkway	1190 W.	_{MBER} Vorthern Parki	way	
5. SI	X	6. RACE	7. MARRIE	D X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years tost birthday)	If Under 1 Yr. Months: Days	If Under 24 Hr Hours Min.
	Female	White	WIDOWE		APRIL 4, 19	10 59		
		JPATION (Give kind of working life, even if re		OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote	e or foreign country)	12. CITIZEN OI	WHAT COUNTR
		usewife		t Home	Baltimore	e, Maryland	USA	
3. F	ATHER'S NAM	ΛE		- Tromo	14. MOTHER'S MAIL			
	Lat	e Ellis PA	lul		Ida Silve	erman		
S. V	Vas Deceased	Ever in U. S. Arme	ed Forces?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDR	ESS
162	No	ili yes, give wor o	dules of service	SECURITY NO.	Mr. Albe	rt Lewis 1190	W. Norther	n Parkwau
	-	plication which co ANTECEDENT CA OR CONDITIONS.	USES	(B)	S A CONSEQUENCE OF	÷:		
ATION	DISEASES OF THE UNDERLYING OTHER SIGNIF TO THE DEAT DISEASE OR C.	ANTECEDENT CA OR CONDITIONS, a bove cause G CONDITION las ICANT CONDITION H BUT NOT RELATED ONDITION GIVEN II OPERATION 1198.	if ony, giving (A) stating the station of the term (NA) part 1 (A).	(C)G	S A CONSEQUENCE OF	es or No) 208, IF YES, W	/ERE FINDINGS CONS	DERED
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Maryland ADDRESS Reisterstown Rd. VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

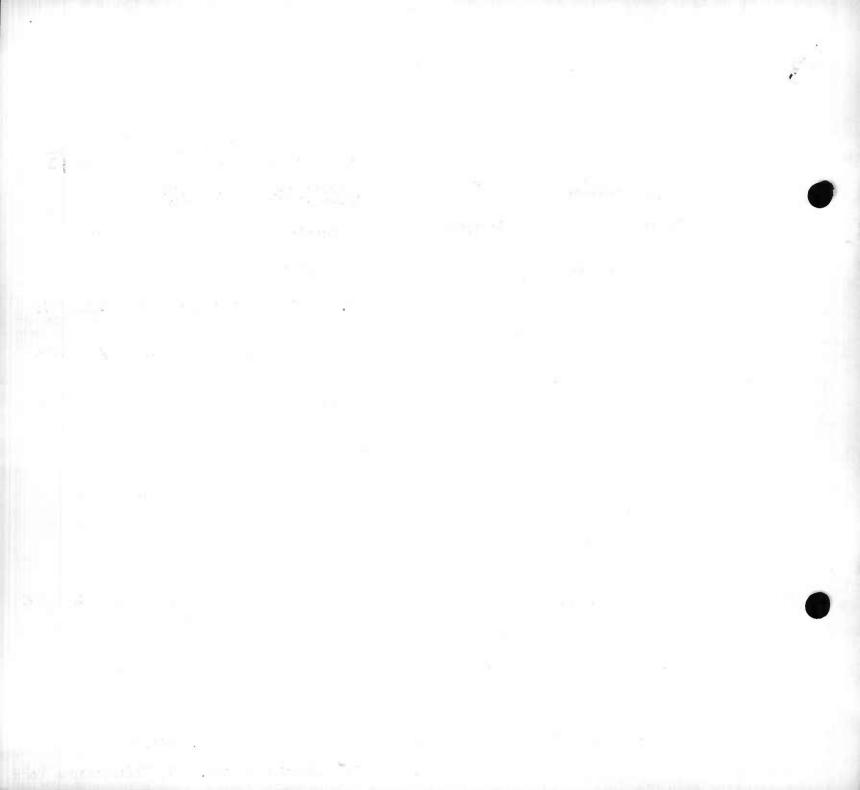


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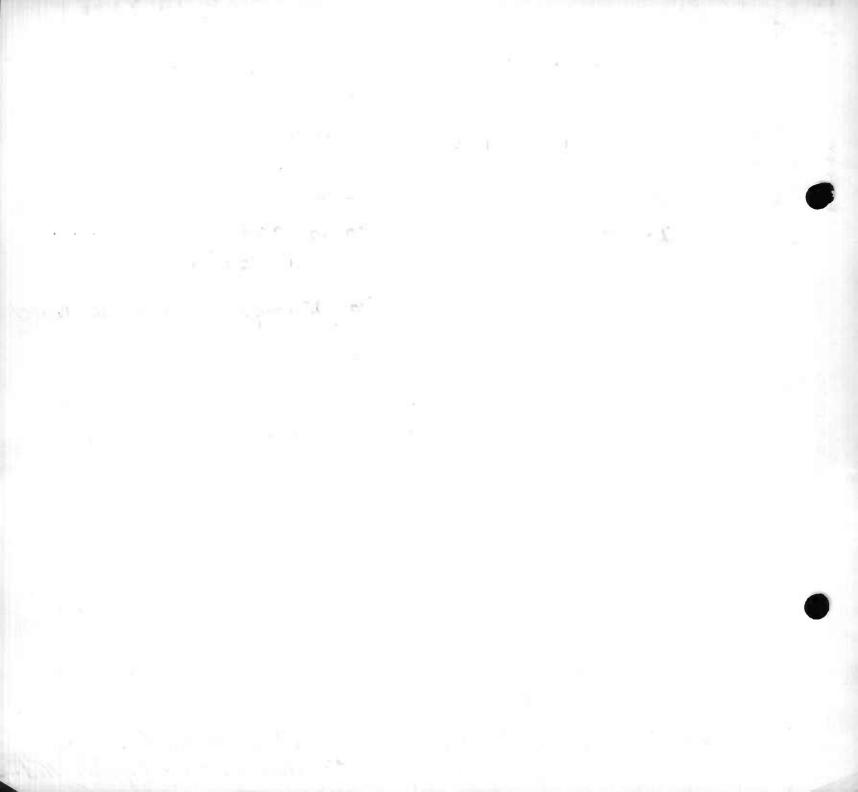
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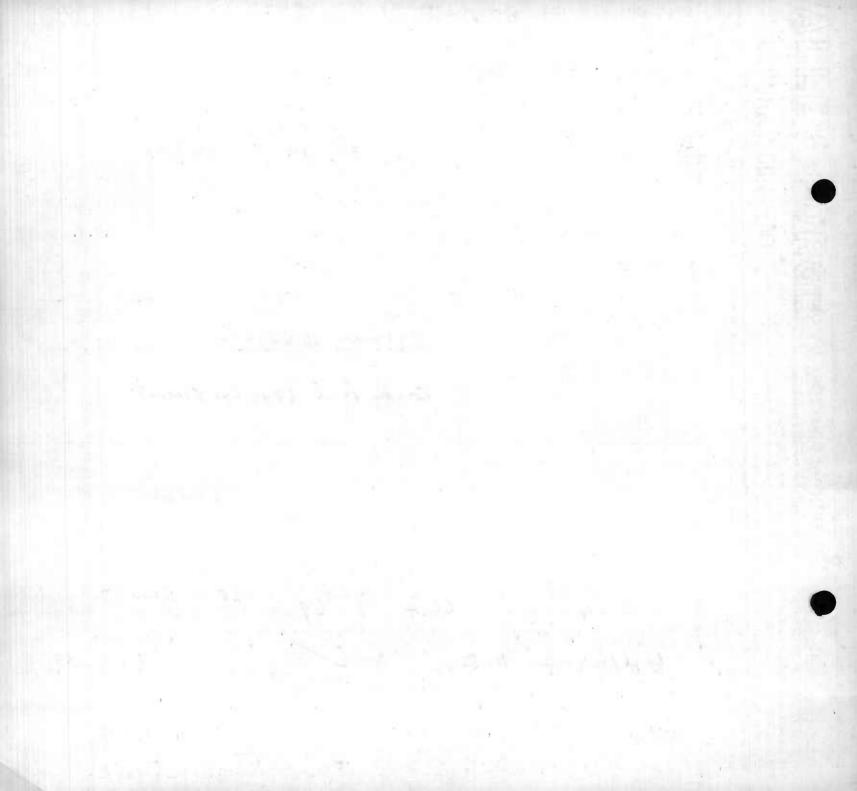
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BALTIMORE CITY HEALTH DEPARTMENT

REG. NO	69	610
REG. NO.	03	12111

O. OF DECEASED	la DATE AND DAVID OF BEAUTY
D A)	2. DATE AND HOUR OF DEATH
Charles A. Leroy Wiedeman	6 7 69
E IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission
AME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ALOR ADDRESS OR LOCATION)	A. STATE B. COUNTY Maryland C. CITY ORTOWN Baltimore D. INSIDE CITY LIMITS? YES NO
4 Northway Drive	E. STREET AND NUMBER
Baltimore Maryland 21234	3024 Northway drive 21234
6. RACE 7. MARRIED X NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 H Months; Doys Hours; Min.
W WIDOWED DIVORCED	7 9 1898 lost birthday) Months Doys Hours Min.
AL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	
ng mast of working life, even if retired)	
tired Executive	Maryland U.S.A.
guts Wiedeman	Anna
Deceased Ever in U. S. Armed Forces? runknown) (If yes, give way an-dates of service) SECURITY NO. 213 03. 3774	17. INFORMANT ADDRESS
S. WW. 152 6 1918 213 03. 3774	Minerva Wiedeman 3024 Northway Drive 21234
4/0,0 I CAUSE OF DEAT	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY	man the Rosis
LEADING TO DEATH	
rl lailure, asthenia, etc. It means the disease,	S A CONSEQUENCE OF:
ry ar camplication which coused death.)	
ANTECEDENT CAUSES	a Revel Vasculon deservi
EASES OR CONDITIONS, il any, giving DUE TO, OR AS	S A CONSEQUENCE OF:
to the above cause (A) staling the DERLYING CONDITION last. (C)	
11	
ER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE TERMINAL	
DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, foctory, street, of the control	in ar about 21 C. WHERE DID (If In Baltimare City, give exact location) office bldg., INJURY OCCUR?
TIME (Manth) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
NJURY While At Not Whi	
Work L At Work	
1 11	
	19 9 and that in (my) (our) opinion death occurred on the d
hour and fram the causes stated above. (1) (We) (did) (did nat)	
	23 B. DATE SIGNED
Hyguns MD DEGREE Ph	
PHYSICIANS NAME (Type) H arold Burns	23D. ADDRESS
RIAL CREMATION, 248, DATE 24C. NAME of CEMETERY OF CR	
11N 1 7 1969 (Bbest E. Jaben 4.6	DO TO THE STATE OF
001111100	- M. V. OCERNEL SONS
THE DEATH BUT NOT RELATED TO THE TERMINAL ASE OR CONDITION GIVEN IN PART 1 (A). DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., home, form, foctory, street, of the control of the contr	IN CERTIFYING CAUSES OF DEATH? In ar about 21C, WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19



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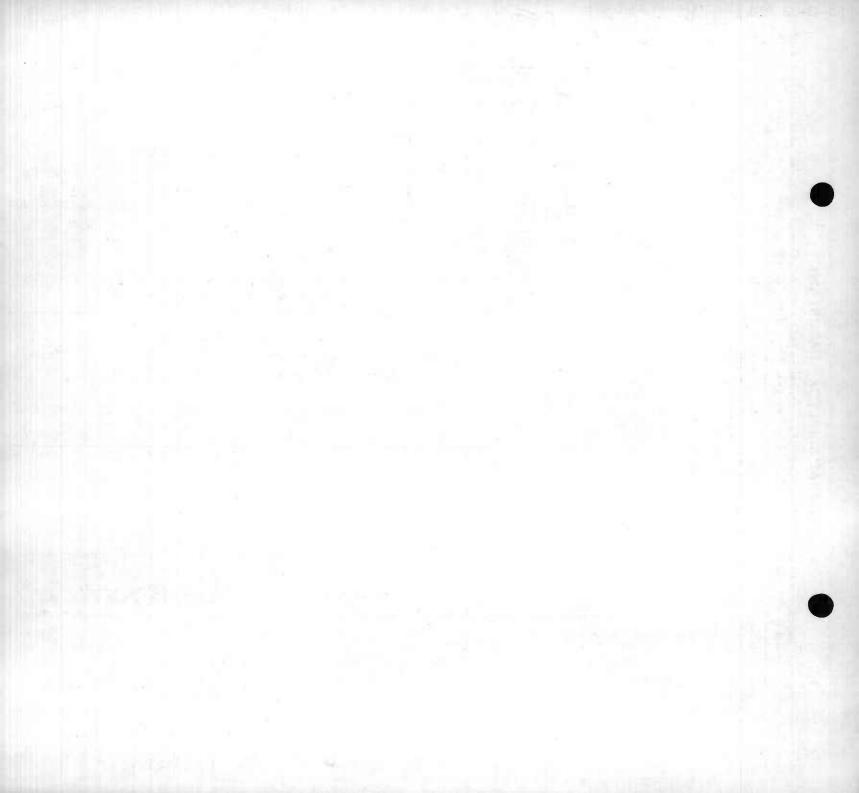
69 6108 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.	ME	DICAL	EXAMINER 3	CEKIIFI	CATE OF	DEATE	REG. NO	0	0.10	
I. NAME OF DEC	EASED			2. DATE	Known X	Month	Doy	Yeor	Hour	
(Type or Print)		DIE MAY		OF DEATH	Estimoted	June	14,	1969	12:55	A _{M.}
	TIMORE, MARYLAND,			3. DATE	UNCED DEAD	Month	Doy	Yeor	Hour	
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LO	CATION)	JTION, GIVE STREET		RESIDENCE (Where	June	14,	1969	12:55	
39	Provident H	ospital		A. STATE	Maryland		COUNTY		3-0) 4
6. SEX	7. RACE	8. MARRIED	NEVER MARRIED	C. CITY O	TOWN	1	. INSIDE	CITY LIMITS?		
Female	Negro	WIDOWE	DIVORCED [Baltimore		1	YES X	NO 🗆	
9. DATE OF BIRTH	lost bloth	(In years If	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.	E. STREET	AND NUMBER	^				
10-23-	-23	=			3218 Auch	entrolv	Terr	ace		
11. BIRTHPLACE (S	tote or foreign country	12	. CITIZEN OF	13. FATHER						
D-744	262		WHAT COUNTRY?	Ar	thur T.Re	eed				
4A.USUAL OCCU	PATION (Give kind of wo	KIND O	F BUSINESS OR INDUSTR							
one during most of w	rorking life, even if retired SSET	4)			ROW	9				
	ED EVER IN U.S. ARM	ED FORCES?	17. SOCIAL	18. INFOR				ADDRESS		_
(Yes, no or unknown)	(If yes, give wor or dote	es of service)	SECURITY NO.							
NO 19.			CAUSE OF DEA	5 Jc	hn F. Jon	es 3218	Aucl	henter	PROMMATE IN	nn
7/0	2 1		CAUSE OF DEA	IFF					VEEN ONSET AN	
DISEASE	E OR CONDITION DIE	RECTLY	Arterios	clerot	ic cardiov	ascular	dise	ase		
	LEADING TO DEATH		(A)IMMEDIATE	CAUSE						
heort foilure,	of mean the mode of osthenia, etc. It means t	he diseose,	DUE TO, OR	AS A CONSEC	UENCE OF:				************	
Injury or com	plication which coused o	deoth.)								
40	NTECEDENT CAUSES									
		NY. GIVING	(B)OUE TO, OR	AS A CONSE	QUENCE OF:					
RISE TO THE	R CONDITIONS, IF A	TATING THE								
Z	IG CONDITION LAST		(C)							
E	II.									
	IFICANT CONDITIONS									
DISEASE OR	CONDITION GIVEN IN		***************************************							
20A. DATE OF	OPERATION 208. CO	ONDITION FO	R WHICH OPERATION W	AS PERFOR!	MED			21. AUTO	PSY? (Yes or	No)
7000									Yes	
Z 22A. EXTERN	VAL CAUSE WAS	221	B.PLACE OF INJURY(e.g.,	in or obout	22C. WHERE DID	(If in SoltImore	Cfty, give e	exoct location)	100	
UTING CAL	OR CONTRIB- USE OF DEATH.	ho	me, form, foctory, street, offic	e bldg., etc.) I	NJURY OCCUR?					
22D. TIME (Month) (Doy) (Ye	eor) (Hour)	22E.INJURY OCCURRED		22F. HOW DID IN.	JURY OCCUR	?			
(APPROX.)		m.		WHILE WORK						
23.		****	THORK AT THE	TORK						
I certi	ify that I held on	Inquiry	Inspection Au	topsy X	ond that on th	nis basis, d	eath In m	y opinion		
result	ed fram: Notural co	wees V	Accident Suicid	H Tale		Undetermine				
	Mo	0			CHIEF MEDICAL E					
ACTUAL	()	XI	1			-	$\bar{\mathbf{x}}$		DATE SIGN	ED
SIGNATU		000	M.D), A55	ISTANT MEDICAL E	XAMINER L	<u> </u>			
EXAMINE NAME (T	ER'S Charles	s S. Spi	ringate, M.D.	ASS	OCIATE MEDICAL E	XAMINER L	J 1	une 14,	1969	
24A. BURIAL CREM			24C. NAME of CEMETERY	or CREMATO	ORY 24D.	LOCATION	(City, to	wn, or county) (State	}
REMOVAL (Specific Buria		8-69	Roltimono M	Intiono	7 Com E	501 Ex-	dani	ole Da	Ma	
25A. DATE REC'D			Baltimore N	Tarc Tarc			der1		Ivia •	
ZOM. DATE REC D	JUN 1 7 19	69, 726	AE OF REGISTRAP	D. 125C.	FUNERAL DIRECTO	11	uum Z	ADDRESS	hnool	A = = =

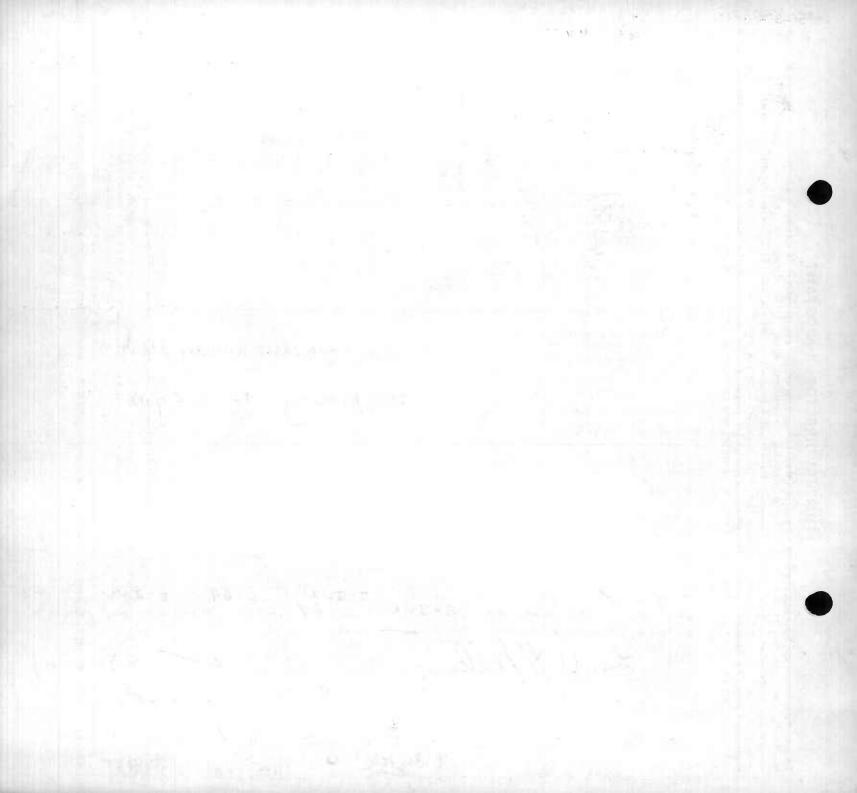
VS 151-REV. 1/1/68

VS 150-REV. 1/1/68



54-39-63

1	The MI	00	0321		HEALTH DEPARTMEN		C	0 6440 6
BIRTH NO.	1000	1011	6110	CERTIFICA	TE OF DEAT	H REG.	No	0110
NAME OF DE		716			2, DA1	TE AND HOUR OF	DEATH	
Type AB Tip!) BO	Y CAME	DAY				JUNE 8, 1	969	12:35 P.
3. PLACE IN BA	LTIMORE, MA	RYLAND, WI	HERE PRONOL	UNCED DEAD		(Where deceased li		tution: residence before admissio
						COUNTY		26 61
OSPITAL OR	(IF NOT ADDRES	IN HOSPITA	L OR INSTITUTION)	UTION, GIVE STREET	C. CITY OR TOWN		D INCIDE	CITY LIMITS?
Na BLINE MO	ORE CITY	HOSPI	rals		BALTIMORE			YES NO
4940 E	ASTERN A	VENUE			E. STREET AND NUME	RED	<u> </u>	IES [A]
BALTIMO	DRE, MAR	YLAND	21224		811 SOUTH		ET 2	21224
SEX	6. RACE		7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In ye	ors	If Under 1 Yr. , If Under 24 Hr
MALE	WHI	TE	WIDOWED		6-7-69	lost birthdoy)	,	Months Doys Hours Min.
A, USUAL OC	CUPATION (Giv	e kind of work		BUSINESS OR INDUSTRY		or foreign country)		12. CITIZEN OF WHAT COUNTS
ne during most o	f working lite, ev	en if retired)						
					MARYLAND			U.S.A.
FATHER'S NA	AME				14. MOTHER'S MAIDEN	NAME		
					GAYLE DAY			
Wos Decease	d Ever in U. S	. Armed Ford	es?	1 6. SOCIAL	17. INFORMANT			ADDRESS
s, no or unknow	n) (If yes, give	wor or dates	of service)	SECURITY NO.				21224
					BCH: RECOR	DS 4940 EA	STERN	
18. 42	7.21			CAUSE OF DEAT	н			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	he obove o	ON lost.	stoting the	(c)	<u> </u>		V	
TO THE DEA	IFICANT CONE ATH BUT NOT R CONDITION G	DITIONS CON	E TERMINAL					
	OF OPERATION	19B. CONI WAS PERF	DITION FOR V	WHICH OPERATION	20 A. AUTOPSY? (Yes	or No) 20B. IF YES	, WERE FIN	NDINGS CONSIDERED
OR CONTRI	ENT WAS UNBUTING CA	USE OF	21 B. hom etc.	PLACE OF INJURY (e.g., ne, form, foctory, street, c	in or about 21 C. WHERE Diffice bldg., INJURY OCCU	DID (If In	Baltimore (City, give exact to Eation)
21 D. TIME	(Month) (E	Doy) (Yeor)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW DI	D INJURY OCCUR		
(APPROX.)				ile At Not Whi				
			Wo		3	3 8		
22. I certif	y that (1) (th	is haspital	attended t	he deceased fram	7-5010	19 69 to		JUN 1969
that (1) (we	e) last-saw tl	he decease	d alive an	8-JUN	1969 0	nd that In(my) (our) apinio	an death accurred an the do
				l) (We) (did) (did nor)				
23A. SIGNAT			// /	A A	TION THE DUDY UTIEF DE	MIIII	12	3B, DATE SIGNED
ZUM JIONAI	1	00-8	1/0/	/// AH	ending Med.	Stoff 7		6.5.111.10
	dame.	11/1	yel.	DEGREE Phy	ys. Director	Phys.		02010, 61
PHYSICI NAME	(Type)		-		23D. ADDRESS			0
	H. KAL		10:0.11	DEGREE		ERN AVEL E	14105	MD. 21224
REMOVAL		o. DAIL	24C. N	AME of CEMETERY OF CR	EMAIOKI	4D. LOCATION		town, or county) (Stote)
CREMA!		6/10/	69 BA	TIMORE CITY OF REGISTRAR	HOSPITALS	BALTIMORI	MARY.	LAND 21224 ADDRESS
THE REC	TEXE!	6 1960		DE Jaben M.D	0 6	COTTO	DICD	DOAT
	יוועט	- U HU	0000		-, -	DELLAL	NIOL	UDALL
S 150-REV. 1/1	/6B					- Shirt		



	BALTIMORE CIT	Y HEALTH DEPARTMENT	
BIRTH NO.	11 CERTIFICA	ATE OF DEATH REG. NO.	OO OTII
Type or Printi Manie Rose 3. PLACE IN BALTIMORE MARYLAND, WHERE PRO	monda DNOUNCED DEAD	2. DATE AND HOUR OF DEAT 6 - 6 - 6 4. USUAL RESIDENCE (Where deceased lived, II A. STATE B. COUNTY	1.10 PM
FULL NAME OF HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Maryland 21216 C.CITY OR TOWN D. II Baltimore	VES NO D
1 with a Hack of 1	Varia	E. STREET AND NUMBER	
Lutheran Hosp of 1. MARI 5. SEX 6. RACE 7. MARI Female negroe WIDON 6A. USUAL OCCUPATION Give kind of work 10B, KIN done done of the state of th	WED X DIVORCED	B. DATE OF BIRTH 9. AGE (In years lost birthday) 7-11-84 Y 11. BIRTHPLACE (State or foreign county)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
13. FATHER'S NAME		South Carolina	U S A
Pickins Thom 5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of serv	1 6. SOCIAL	Anna 17. INFORMANT	ADDRESS
, , , , , , , , , , , , , , , , , , , ,	SECORITI NO.	Mrs Stewart 1300	Myrtle Ave
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEA	TH 6	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, gi rise to the obove couse (A) stoting UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIT DISEASE OR CONDITION GIVEN IN PART 1 (A).	(c)	S A CONSEQUENCE OF:	
19A-DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obdut 21 C. WHERE DID (If In Boltin office bldg., INJURY OCCUR?	nore Cily, give exoct location)
21D. TIME (Month) (Doy) (Year) (Hour) (APPROX.)	21E. INJURY OCCURRED While At Not Wh Work At Work		
22. I certify that (I) (this haspital) attend that (I) (we) last saw the deceased alive and haur and fram the causes stated above	an 6-16		6 -16 19 89. apinian death accurred an the date
23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)		tending Med. Stoff	B-16
Tun - Ja Chun 24A. BURIAR CREMATION, 24B. DATE REMOVAL (Specify) Burial 6/21/69	Garden Eteri	REMATORY 24D. LOCATION	(City, town, or county) (Stote)
	ME OF REGISTRIA	A Halstead 1206 W	north AVe
VS 150-REV. 1/1/6B	Jan.	1	

VS 150-REV. 1/1/68



0-	-1601
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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	ospire 6 o 5) Do nce leat
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	d in caus afte
	butined ned lar
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	or condeter
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FUNERAL DIRECTOR: IMPORTANT	dire d; (4 ath on t
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PO	is as any any need anda
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SR:	ner. actu pro pro ular
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11.	y th ital e; (2 her No p
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	ody Sed
	This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributin shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased priwritten approval must be obtained before the remains are embalmed or final disposition is made.

	69	611	2 BALTIMORE CITY	HEALTH DEPARTMENT		00 011
BIRTH NO.		OLL	CERTIFICA	TE OF DEATH		
(Type or Print)	COOPER, Joh	n F			AND HOUR OF DEAT	
3. PLACE IN BAI	LTIMORE MARYLAND, WI		IIII CED DEAD		/16/69	6:00 A
FULL NAME OF HOSPITAL OR INSTITUTION				A. STATE B. CO Maryland	ONII	rinstitution: residence before admission
				Baltimore		YES X NO
07	829 McKim St			E. STREET AND NUMBER	11_	
	Baltimore, M	d 2120)2	829 McKim	Street	
5. SEX	6. RACE	MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yours lost birthdoy)	If Under 1 Yr. , If Under 24 H
Male	Negro	WIDOWED		1/29/10	59	Months Doys Hours Min.
IOA, USUAL OCC	UPATION (Give kind of work) working life, even if retired)	IOB, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	preign country)	12. CITIZEN OF WHAT COUNT
Paint	ter	unkr	nown	Baltimore, M		U.S.A.
13. FATHER'S NA				14. MOTHER'S MAIDEN N		
	.am R. Cooper			Rosie Presto	n	
15. Was Deceased (Yos, no or unknown Yes	Ever in U. S. Armed Force (If yes, give wor or doles 11/5/42 - 11	of service)	16. SOCIAL SECURITY NO. 212-14-1025	17. INFORMANT		ADDRESS
18. /	/ 0	71-12	CAUSE OF DEATH			APPROXIMATE INTERVAL
DISEAS	SE OR CONDITION DIRE	CTLY				BETWEEN ONSET AND DEA
	LEADING TO DEATH	0161		Carcinoma	of Larynx	11/2 1111
(This does n	not mean the mode of	dying, e.g.,	(A) IMMEDIATE CAU	CONSEQUENCE OF:	***************************************	1.12 910
injury or com	osthenia, etc. It means to optication which caused o	he disease, leoth.)				
	ANTECEDENT CAUSES					ł
DISEASES C	OR CONDITIONS, if a	ny nivina	(B)	A CONSEQUENCE OF:		***************************************
rise to the	abave couse (A)	sloting the		TO TO THE OF THE OFF		
UNDERLYING	CONDITION last.		(c)		****************	***************************************
E ITO THE DEAT	II ICANT CONDITIONS CON H BUT NOT RELATED TO THE	TERMINIAL		·		
19A. DATE OF	ONDITION GIVEN IN PART OPERATION 198 CONDI WAS PERFO	TION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or	No. 20B. IF YES, WER	E FINDINGS CONSIDERED :AUSES OF DEATH?
				IN O	III CERIFINO C	AUSES OF DEATH?
OR CONTRIBUTED OF INJURY	IT WAS UNDERLYING TING CAUSE OF medical examines	21 B. hom elc.)	FLACE OF INJURY (o.g., in e, form, foctory, street, offi	or obout 21C. WHERE DID INJURY OCCUR?	(If In Bollim	ore City, give exect lecotion)
OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?	
(APPROX)		Whi Wor	le At Not While			
22. I certify	that (1) (this hospital)	attended th	e deceased from AT	oril 4th	19 69 to J1	me 1/4 19 69
that (V (we)	last saw the deceased	alive on	June 1/1	h 19 69 and 1	that In (ply) (aur) o	pinion death accurred an the da
and hour and	from the couses states	d above.	(We) (did) (did not) vi	ew the bady after death		
23A. SIGNATU	KE,	1			•	23 B, DATE SIGNED
M	dward Ille	1/100	AM) Aften	ding Med.	Staff Phys.	
23 C. PHYSICIA	N'S C	00-	DEGREE Phys.			6/17/69
NAME (T)	EDWARD RUSC	HE, M.			ltimore, Mar	en Boulevard
24A. BURIAL CREA	MATION, 248, DATE		ME of CEMETERY OF CREA			
Durea S	(6/19/E	59 B	ella nat	· Cam ·	Da Pla	City, town, or county) (Stote)
SA. DATE REC'D	BY HEALTH DEPT.	SE NAME O	REGISTRAR M.D.	250 FUNERAL DIRECTO	Ry /) A A	ADDRESS
J	UN 1 7 1969 4	من تقریان	Vaiber, M.D.	Couch 9.	Kochs In	130 / M. Centra
'S 150-REV. 1/1/6	8			7 7		1 -1 -1 -1 -1



	69 61	4 A BALTIMORE CIT	Y HEALTH DEPARTMENT		
В	RTH NO		TE OF DEATH	REG. NO	69 6114
	NAME OF DECEASED (MARION) ype or Print) MIRIAM DELORES	SCROGGINS		HOUR OF DEATH	1250
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PA	ONOUNCED DEAD	4. USUAL RESIDENCE (Where	daceased lived. It ins	stitution: residence before admissiont
H	ULL NAME OF (IF NOT IN HOSPITAL OR II OSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	A. STATE B. COUNT BY D. C. CITY OR TOWN	Y	20-01 DE CITY LIMITS?
1	UNIVERSITY HOSPIT	21	BALTIMOI		YES NO NO
	38		E. STREET AND NUMBER	AIRMOUNT	AUE
5.	L \/	RIED NEVER MARRIED WED DIVORCED		AGE (in years	If Under 1 Yr. Il Under 24 His. Months Doys Hours Min.
10.	A. USUAL OCCUPATION (Give kind of work 10R KIN		11 RIPTHEI ACEISTAG OF STATE		
aa	ne during mast of warking life, even if retired) STODENT FATHER'S NAME		ALABAMI		12 CITIZEN OF WHAT COUNTRY?
13.			14. MOTHER'S MAIDEN NAM	Ε	
	STEPHEN SCROGGINS	2	PARILEE	STOUTE	•
15. (Ye	Was Deceased Ever in U. S. Armed Forces? ss,no or unknown) (If yes, give war ar dotes of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT)	ADDRESS
L	NO		Parilee &	MARUS	Some
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEAT	н	00	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
	LEADING TO DEATH	ANNIM EDIATE CAL	es // remi	0	1000
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise	e.g., DUE TO, OR AS	A CONSEQUENCE OF:		
	injury or camplication which caused death.)	:use,			j.
	ANTECEDENT CAUSES	MASC	VE INTOQUACE	2 - 465-00	
	DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	NE INTRAVASCULA A CONSEQUENCE OF:	me remoty	SIS 2 DAYS
	rise to the above cause (A) stating UNDERLYING CONDITION last.	the	E CELL ON		1185
	and the state of t	(c)	c cee an	15-19114	
NOI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMIN	NG SEPTE	NECROSIS LEFT	- 41.5	5-
CA	DISEASE OR CONDITION GIVEN IN PART 1 (A).				3 atoxs
E	19A-DATE OF OPERATION 19B CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FILL	NDINGS CONSIDERED
CERTIF	21A. ACCIDENT WAS UNDERLYING		100	N	0
CAL	OR CONTRIBUTING CAUSE OF DEATH Inaily medical examined	21B. FLACE OF INJURY (e.g., in home, form, factory, street, of etc.)	n er about 21 C. WHERE DID	(if in Baltimore	City, give exact lacation)
EDI	21 D. TIME (Month! (Doy) (Year! (Hour)	21E INJURY OCCURRED	21 F. HOW DID INJUR	RY OCCUR?	
×	IAPPROXI	While At Not While Work At Work	חי		
	22. I cartify that (1) (this hasnited) attack	WORK - AT WORK			
	22. I certify that (I) (this hospital) attended that (I) (we) last saw the decreased alter-			62 to 151	management of the state of the
	that (I) (we) last saw the deceased alive		196and that	in (my) (our) opini	an death accurred an the date
	and have and from the causes stated above 23A. SIGNATURE	e. (1) (We) (did) (did nat) v	ew the bady after death.		
	4 , 0 0 , 1	4			38 DATE SIGNED
	Honald J. Hotolehy	OF OREE Phys	nding Med. Sk	off ys.	JUNE 15, 1969
	23C. PHYSICIAN'S NAME (Type)	2	3D. ADDRESS		, ,
_	RONALD S. POTOTSK	Y, M.O. DEGREE	UNIVERSITY A	tosp 1	SALTA MA
24A	REMOVAL (Specify) 248. DATE 240	NAME OF CEMETERY OF CRE	MATORY 24D. LOC		town, of county)
10	Bunul 6-21-64	mt alun (but m	18/	m
25A	DATE REC'D BY HEALTH DEPT. 258, NAM	AE OF REGISTRAR M.D.	25CL FUNERAL DIRECTOR	eero /	ADDRESS
	MIN 7 7 1969 Liber	E Jawen Min	Leaunilli.	a man ma	2.12.11
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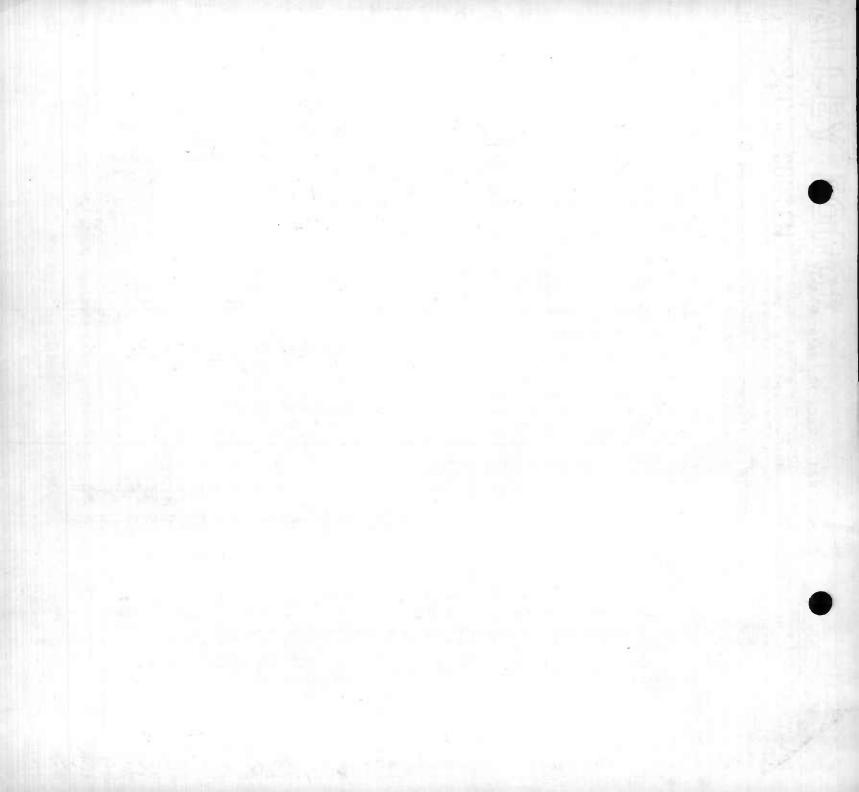


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BALTIMORE CITY HEALTH DEPARTMENT

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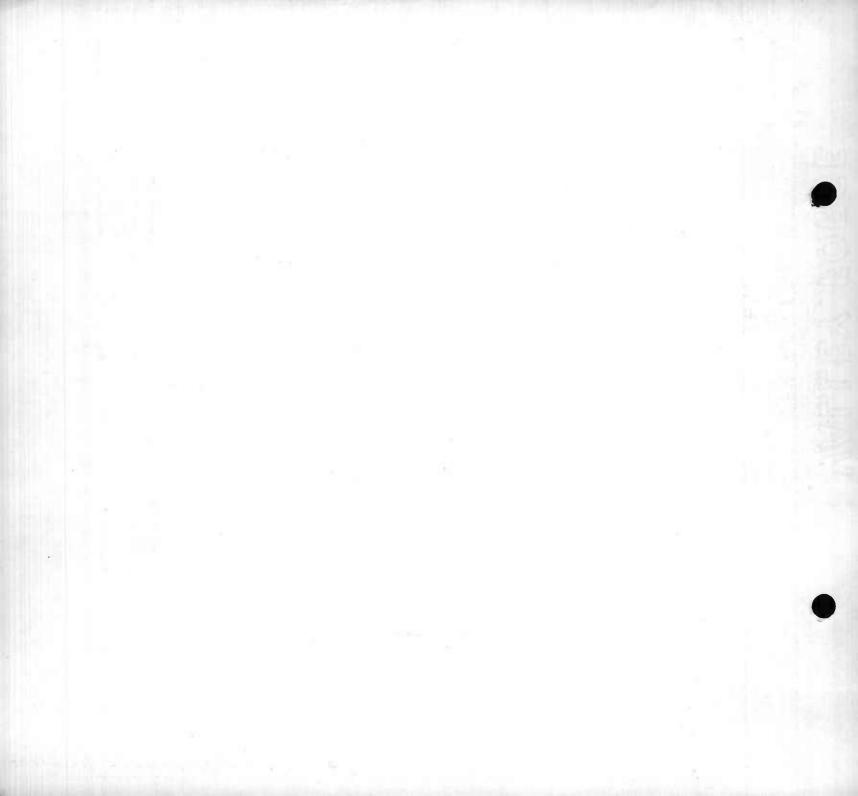
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VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

and that In(my) (and) apinian death accurred an the date mal



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of death Deceased

LO eath.

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D-500

				611	- 27	LTIMORE CITY H	EALTH DEPA	ARTMENT					_
BIR	TH NO. 6	9-07	98 MED	ICAL	EXA	MINER'S	CERTIF	ICATE OF	DEATI	H REG. NO	69	611	9
1. 1	NAME OF DEC		NICO KIM		EY		2. DATE OF DEATH	Knawn X Estimoted	Manth June	15,	1969	Hour	м.
II.	PLACE IN BAL						3. DATE	DUNCED DEAD	Month	Doy	Yeor	Hour	
HO	L NAME OF SPITAL INSTITUTION		ESS OR LOCA		IIIUIION,	GIVE STREET	5. USUAL	RESIDENCE (Where		ed. If instituti		7:00	A. _{M.}
C	0		8 E. Pr				A. STATE	Maryland		3. COUNTY		9-0	29
II _	SEX	7. RACE				EVER MARRIED	C. CITY O			D. INSIDE	CITY LIMITS	?	
اللل	emale	Neg:	10.AGE (II	WIDOV		DIVORCED L	F STREET	Baltimore	9		YES K	NO 🗌	
	lay 4,		5 wee	y)		Days Haurs Min		1218 E. 1	Proston	Ctros			
	BIRTHPLACE (S			.KS	12. CITIZ		13. FATHE	R'S NAME	reston	arree	L		
	arylan					T COUNTRY?	Dona	1d Dougl	as	344			
done	USUAL OCCU during most of v	PATION (Gi rorking life, e	ve kind of wark ven if retired)	14B. KINE	OF BUSI	NESS OR INDUST	RY 15. MOTH	ER'S MAIDEN MA	ME				
16	WAS DECEAS	FD EVER IN	IIIS ARMED	FORCE	52 17	SOCIAL	Rose	Downey		_	ADDRESS		
	, no or unknown)					SECURITY NO.		Downey	1910 1			Chmon	_
	19.	1.9 1				CAUSE OF DE		DOWNOY	TOTO 1	F I	/	APPROXIMATE IN	TERVAL
	DISEAS	E OR CON	DITION DIRE	CTLY									
		LEADING T	O DEATH	ina e a		(A)IMMEDIATE	CAUSE RI	ght otitis	s media	(SDII)	who was gifted was well when the fight took fight was discussed was	decoupous spaces we spit this spit spit a
	heart failure	, asthenia, et	c. It means the ich coused dec	disease,		00210,0	AS A CONSE	QUENCE OF:					
	At	NTECEDEN1	CALISES			(=)							
	DISEASES	OR CONDIT	IONS, IF ANY	, GIVING		DUE TO, O	R AS A CONS	EQUENCE OF:					
z	UNDERLYIN	G CONDI	TION LAST.	IIINO INE		(c)							*************
150			II										
CERTIFICATION	TO THE DEA	CONDITION	T RELATED TO	THE TERM	INAL	4 10 40 40 10 10 40 40 40 40 10 10 40 40 40 40 40		8 8 7 4 8 4 8 4 4 8 4 4 5 8 4 5 5 5 5 5 5 5 5					
CER	20A. DATE OF	OPERATIO	N 20B. COI	NOITION	FOR WHI	CH OPERATION V	VAS PERFOR	MED			21. AUT	OPSY? (Yes	r Na)
_	22A. FXTER	NAL CAUSE	WAS		22B. Pl AC	E OF INITIRY	in or obaut	22C. WHERE DID	(II in Baltimar	City give a	vact lacation	Yes	
MEDIC	UNDERLYING UTING CA	OR CON	NTRIB- ATH.		home, for	m, factory, street, off	ice bldg., etc.)	INJURY OCCUR?					
_	OF INJURY (APPROX.)	(Manth) (Day) (Year	·) (Hau	WHILE		T WHILE	22F. HOW DID IN	JURY OCCU	K?			
	23.			-	m. WORK	AT AT	WORK [
	1 cert	ify that I	held on 1	nquiry [] In:	spection A	utopsy	and that an t	his bosis,	death in m	y opinion		
	resul	red from:	Natural cau	ses X	Accid	lent Suic	ide 🗌 🕒 H		Undetermin	ed monner			
	ACTUAL	IDE ()	ins	1.	1	gat m	D ASS	CHIEF MEDICAL I				DATE SIGI	NED
	EXAMIN NAME (1	ER'S CH	narles	S. Sp	ringa	ite, M.D.		OCIATE MEDICAL	EXAMINER	□ J	une 15	, 1969	
	BURIAL CREA	MATION,	24B. DATE		24C. N	AME of CEMETER	Y or CREMAT	ORY 24D.	LOCATION	(City, to	wn, or count	y) (Sta	ite)
-	urial	.,	6/18/	69	Mt	Auburn (Cemete:	ry Be	alto.,	Md.			
25/	A. DATE REC'D	BY HEALTH		25B. N	IAME OF	REGISTRAR	25C.	FUNERAL DIRECT	OR		ADDRESS		
		JUN 1	7 1969	Noc	بعباق في	Jayber M.	Y O W	h C Marci	4) 928	E. N	orth	Ave.	
VS	151-REV. 1/1/68												

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. www. driver . I BSE Westerly on m. C. Martin . Reserve

VS 151-REV. 1/1/6B

-		MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH.
	BIRTH NO.					F

BIRTH NO.	MEL	ICAL I	EXAMINER 3 C	EKIIFI	CATE OF	DEAT	REG. NO			
. NAME OF DEC	EASED			2. DATE	Known 🔲	Month	Doy	Yeor	Hour	
ANNIE	L.	GC	ORDON	OF DEATH	Estimoted 🔽					м.
	TIMORE, MARYLAND, V			3. DATE	21	Month	Doy	Yeor	Hour	141.
FULL NAME OF HOSPITAL DR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITU	ITION, GIVE STREET		INCED DEAD	June	16,	1969	7:34	- 101.
	Hopkins Hos	pital ((DOA)	A. STATE Mary			B. COUNTY	7	1-0	3
. SEX	7. RACE	B. MARRIED	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CIT	Y LIMITS?		
female	negro	WIDOWED			imore		YE	s X	NO 🗆	
DATE OF BIRTH	H 10, AGE (I		Under 1 Yr. If Under 24 Hrs. onths: Doys: Hours: Min.	E. STREET A	ND NUMBER					
April 1	, 1907 62				Collingto	n Aven	ue			
1. BIRTHPLACE (S	tote or foreign country)	12.	CITIZEN OF WHAT COUNTRY?	13. FATHER	S NAME					
Maryland	đ f			Thoms	s Summe	rville	9			
4A.USUAL OCCU! one during most of w	PATION (Give kind of work vorking life, even if retired)	14B. KIND O	F BUSINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN NA	WE				
				Rebec						
6. WAS DECEASI (es, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give wor or dotes	of service)	17. SOCIAL SECURITY NO.	18. INFOR	MANT		AC	DRESS		
					Sadie F	lemin	g 940		ingtor	
19.	2.41		CAUSE OF DEAT	тн					PROXIMATE INT	
(This does not heart failure, injury or com AN DISEASES (RISE TO THE UNDERLY)	E OR CONDITION DIRE LEADING TO DEATH of meon in the mode of dy , asthenia, etc. It means the nplication which coused de NTECEDENT CAUSES OR CONDITIONS, IF AN E ABOVE CAUSE (A) STA NG CONDITION LAST.	ving, e.g., e diseose, oth.)	(A)IMMEDIATE C	AUSE AS A CONSEQ						
TO THE DEA	II IFICANT CONDITIONS C ATH BUT NOT RELATED TO CONDITION GIVEN IN P	THE TERMINA	G			# 578 a 4 - 0 5 5 5 5 7 7 0 5 7 7				
			R WHICH OPERATION WA	AS PERFORM	ED			21. AUTO	PSY? (Yes or	r No)
5									No	
UNDERLYING UTING CA	NAL CAUSE WAS OR CONTRIB- USE OF DEATH.	hoi	B. PLACE OF INJURY (e.g., me, form, foctory, street, office	e bldg., etc.) I	NJURY OCCUR?			ct locotion)	110	
OF INJURY (APPROX.)	(Month) (Doy) (Yea			WHILE CORK	2F. HOW DID IN	DUKY OCCI	JK?			
23.	ify that I held on I	Inquiry 🗌	Inspection 🗵 Au	topsy 🗌	ond that on t	this bosis,	deoth in my	opinlon		
result	ted from: Notural cou	ses XX	Accident Suicid	le 🗌 He	omlcide		ned monner			
ACTUAL	- lulanes	1,5	al	ASSI	CHIEF MEDICAL				DATE SIGN	IED
SIGNATU EXAMIN' NAME (T	ER'S Werner	U. Sp.	tz, M.D.		CIATE MEDICAL	EXAMINER		(5/17/69)
24A. BURIAL CREA	MATION, 24B. DATE	1	24C. NAME of CEMETERY	or CREMATO	DRY 24D.	LOCATION	(City, town	, or county)) (Stote	e)
REMOVAL (Special		100	Andreadure Mass	P		7 +0	W.a.			
Burial	BY HEALTH DEPT.		Arbutus Mem		FUNERAL DIRECT	1 to.,	Md.	DDRESS		
ESA. DATE KEC'D	20.00									
	JUN 1 7 1969	1 volve	BE. JOBS AD	What	C March	() 928	E. Non	rth A	ve.	

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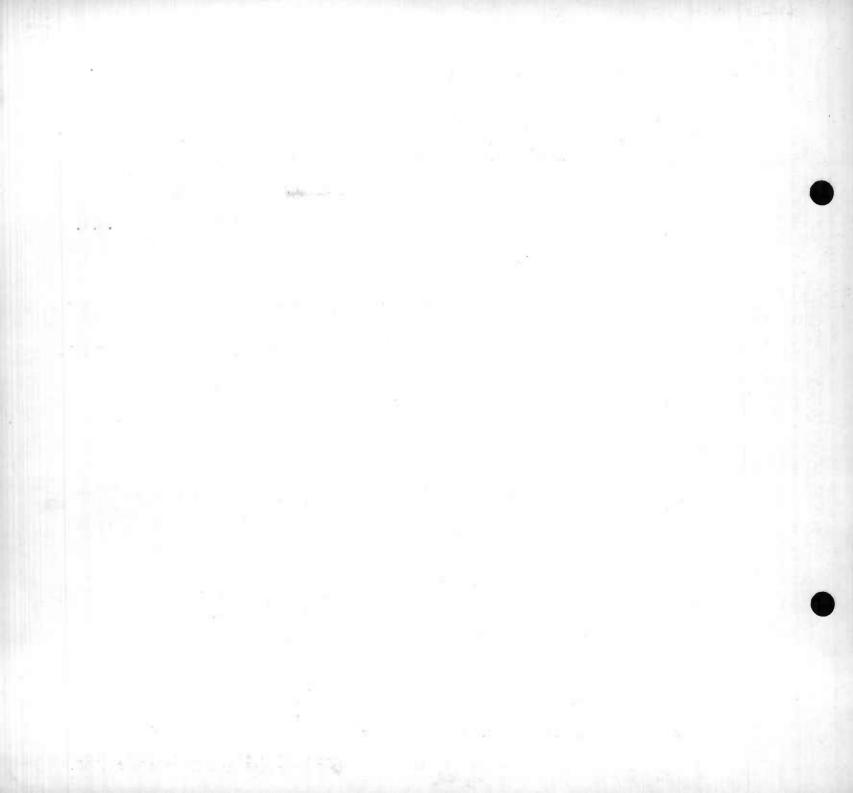
M-242 69 6121 BALTIMORE CITY HEALTH DEPARTMENT.	ATH
MEDICAL EXAMINER'S CERTIFICATE OF DE	AIH REG. NO. 69 6121
1. NAME OF DECEASED (Type or Print) CHARLES MC LAUGHT.TN 2. DATE Known Mo	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE	ine 15, 1969 M.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET PRONOUNCED DEAD JU	ne 15, 1969 4:30 A. M.
Provident Hospital (DOA) 5. USUAL RESIDENCE (Where deceded A. STATE Maryland	B. COUNTY B. COUNTY
6. SEX MARRIED Never MARRIED C. CITY OR TOWN Male Negro WIDOWED DIVORCED Baltimore	D. INSIDE CITY LIMITS? YES X NO
9. DATE OF BIRTH 10. AGE (In years lost birthdoy) 1-15-1937 10. AGE (In years Months, Doys, Hours, Min. 1002 Mt. Hol	
Durham, North Carolina 12. CITIZEN OF WHAT COUNTRY? WHAT COUNTRY? Charles G. McLaug	ghlin
done during most of working life, even If retired) House of Correction House of Correction House of Correction	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. INFORMANT	ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of service) Yes Mrs. Delores McLau	ughlin 1002 Mt. Holly St.
19. CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foilure, osthenio, etc. It meens the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	ft chest
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
	Yes
	00-00
Actual SIGNATURE EXAMINER'S NAME (Type) Actual Suicide Homicide X Unde CHIEF MEDICAL EXAMI ASSISTANT MEDICAL EXAMI ASSOCIATE MEDICAL EXAMI ASSOCIATE MEDICAL EXAMI	INER June 15, 1969
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCA REMOVAL (Specify) By P. A. L. DATE 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR AND A CONTROL OF THE PROPERTY OF CREMATORY 24D. LOCA REMOVAL (Specify) By P. A. L. DATE 25C. FUNERAL DIRECTOR AND A CONTROL OF THE PROPERTY OF CREMATORY 24D. LOCA REMOVAL (Specify) BY P. A. L. DATE 25C. FUNERAL DIRECTOR AND A CONTROL OF THE PROPERTY OF CREMATORY 24D. LOCA REMOVAL (Specify) BY P. A. L. DATE 25C. FUNERAL DIRECTOR AND A CONTROL OF THE PROPERTY OF CREMATORY 24D. LOCA REMOVAL (Specify) BY P. A. L. DATE 25C. FUNERAL DIRECTOR AND A CONTROL OF THE PROPERTY OF CREMATORY 24D. LOCA REMOVAL (Specify) BY P. A. L. DATE 25C. FUNERAL DIRECTOR AND A CONTROL OF THE PROPERTY OF CREMATORY 24D. LOCA REMOVAL (Specify) BY P. A. L. DATE 25C. FUNERAL DIRECTOR AND A CONTROL OF THE PROPERTY OF CREMATORY 24D. LOCA REMOVAL (SPECIFY) BY P. A. L. DATE 25C. FUNERAL DIRECTOR AND A CONTROL OF THE PROPERTY OF CREMATORY 24D. LOCA REMOVAL AND A CONTROL OF THE PROPERTY OF CREMATORY 24D. LOCA REMOVAL AND A CONTROL OF THE PROPERTY OF CREMATORY 24D. LOCA REMOVAL AND A CONTROL OF THE PROPERTY OF CREMATORY 24D. LOCA REMOVAL AND A CONTROL OF THE PROPERTY OF CREMATORY 24D. LOCA REMOVAL AND A CONTROL OF THE PROPERTY OF CREMATORY 24D. LOCA REMOVAL AND A CONTROL OF THE PROPERTY OF CREMATORY 24D. LOCA REMOVAL AND A CONTROL OF THE PROPERTY OF CREMATORY 24D. LOCA REMOVAL AND A CONTROL OF THE PROPERTY OF CREMATORY 24D. LOCA REMOVAL AND A CONTROL OF THE PROPERTY OF CREMATORY 24D. LOCA REMOVAL AND A CONTROL OF THE PROPERTY OF CREMATORY 24D. LOCA REMOVAL AND A CONTROL OF THE PROPERTY OF CREMATORY 24D. LOCA REMOVAL AND A CONTROL OF THE PROPERTY OF CREMATORY 24D. LOCA REMOVAL AND A CONTROL OF THE PROPERTY OF THE PROPERTY AND A CONTROL OF THE PROPERTY AND A C	Aldo, Md,
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A - 535 03 OLCC BALTIMORE CITY HE	EALTH DEPARTMENT	
	CERTIFICATE OF DEATH REG. NO.	60 6499
I. NAME OF DECEASED		00 016
(Type or Print) CARL A. ANTHONY (Deans)		1969 3:10 A.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD June 14,	1969 3:10 A.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived, il institution A. STATE B. COUNTY	on: residence belore odmission)
Bon Secours Hospital	Maryland	16-05
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE	CITY LIMITS?
Male Negro WIDOWED DIVORCED		YES X NO .
9. DATE OF BIRTH 10-2-1950 10. AGE (In years Il Under 1 Yr. If Under 24 Hrs. Months, Doys Hours Min.		
11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF	1808 W. Franklin Stre	et
Balto., Md. WHATESUNTRY?	Ross Anthony	
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	The state of the s	
done during most of vorking life, even if retired)	Nannie Deans	
16 WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	18. INFORMANT	ADDRESS
(Yes, Nounknown) (If yes, give wor or dotes of service)	Nannie Evans SAM	E
19. CAUSE OF DEA	ATH	APPROXIMATE INTERVA
DISEASE OR CONDITION DIRECTLY		
LEADING TO DEATH (A)IMMEDIATE	CAUSE Gunshot wound of right ch	nest
heart lailure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:	
injury or complication which coused death.)		
ANTECEDENT CAUSES (B)	**************************************	
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST. (c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No.
0 2		Yes
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.	, in or obout 22C. WHERE DID (If in Boltimore City, give e ce bldg., etc.) INJURY OCCUR?	xoct locotion)
☐ UTING ☐ CAUSE OF DEATH. playground	Rear of 634 N. Gilmore	e Street
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
	WORK Shot by unknown assai:	lant
23. I certify that I held an Inquiry Inspection A	utapsy 🗓 and that an this basis, death in m	v aninion
resulted fram: Natural causes Accident Suici		
resolved frame Notorial cases of Accident 5 solci	CHIEF MEDICAL EXAMINER	
ACTUAL ()	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE EXAMINER'S Charles S. Springate, M.D.	υ.	une 14, 1969
NAME (Type) STATE 3. SPETTING 4. SPETTING		wn, or county) (Stote)
REMOVAL (Specify)		
25A DATE REC'D BY HEALTH DEBY. 25B. NAME OF REGISTRAR	Cometery Baltimore, 1	ADDRESS
JUN 17 1969 Walley E. Jaskey M.D.	MORTON & DETT FUNER	AL HOMES, INC
/C 151 PEV 1/1/49	Baltimore, Maryland	21217

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4. PLACE IN BA	ECEASED	THOMAS				2. DATE OF DEATH	Knawn X Estimated	Month June	Day 14, 1			
FULL NAME OF HOSPITAL OR INSTITUTION		ARYLAND, WH					JNCED DEAD	Manth June dece osed live	Day 14,		1	2:20
00	201	19 East				A. STATE	Maryland		. COUNTY		8	-6
6. SEX	7. RACE			D NEVE		C. CITY OR			D. INSIDE C		TS?	
Male 9. DATE OF BIR	Neg	10.AGE (In y	WIDOWE		If Under 24 Hrs.	E STREET A	Baltimore	3		res 🔼	No	
4-17-19		last birthdoy)	N	Aanths Days	Haurs Min.	L. SIKELIA	2019 East	Chase	Stree	t		
11. BIRTHPLACE				2. CITIZEN		13. FATHER		- Onabe	Derec			
CHARL	otte.	N.C.		WHAT CO	SUNTRY?	U	NK					
	UPATION GIV	re kind of work 14	B. KIND	OF BUSINES	S OR INDUSTR	Y 15. MOTHE	R'S MAIDEN NAM	ΛE		+ +		
N/A							NK					
16. WAS DECEA (Yes, na ar unknaw	SED EVER IN n) (If yes, give v	U.S. ARMED F wor ar dotes af	ORCES?	17. SOC	CURITY NO. - 12-9470	18. INFORM				N. E		Ctro
No.				243-	-12-94/0	Mrs.	Ruby Moor	е	1303	14. L		MATE INT
injury or co	omplication whi ANTECEDENT	ch coused death	iseose,		(B)	AS A CONSEQ						
DISEASES RISE TO THE	re, osthenio, etc omplication whi ANTECEDENT	CAUSES ONS, IF ANY, OUSE (A) STATIN	iseose,			AS A CONSEQ	UEN CE OF:					
DISEASES RISE TO THE SIG	re, osthenio, etcomplication white management of the condition of the cond	CAUSES ONS, IF ANY, CUSE (A) STATIN ION LAST. II NOTITIONS CON I RELATED TO TH	GIVING NG THE	NG	(B)DUE TO, OR	AS A CONSEQ	UEN CE OF:					
DISEASES RISE TO THE DISEASE OF THE	re, osthenio, etc omplicotion whi ANTECEDENT S OR CONDITI HE ABOVE CA 'ING CONDIT ENIFICANT COI EATH BUT NOT DR CONDITION	c. It means the dich coused death CAUSES ONS, IF ANY, CUSE (A) STATIN ION LAST. II NDITIONS CONT GIVEN IN PART	SIVING NG THE NTRIBUTIN HE TERMIN T 1 (A).	NG NAL	(B)DUE TO, OR	AS A CONSEC	QUENCE OF:			21. At		
DISEASES RISE TO THE DISEASE OF TO THE DISEASE O	re, osthenio, etcomplication which which which which will be a solution of the condition of the condition of operation of the condition of operation	CAUSES ONS, IF ANY, OUSE (A) STATINION LAST. II NDITIONS CONTROLED TO THE GIVEN IN PART V 20B. COND	iseose, I.) GIVING ING THE NTRIBUTIN HE TERMIN T I (A). DITION FO	NG NAL OR WHICH	(B) DUE TO, OR (C)	AS A CONSEQ	QUENCE OF:				Yes	
DISEASES RISE TO THE VIOLENCE OF THE PROPERTY	re, osthenio, etcomplicotion which which which will be considered by the construction of the construction	CAUSES ONS, #F ANY, OUSE (A) STATIN ION LAST. II NOTITIONS CONT GIVEN IN PAR N 20B. COND WAS STRIB-	iseose, I.) GIVING ING THE NTRIBUTIN HE TERMIN T I (A). DITION FO	NG NAL OR WHICH (28. PLACE C ome, form, fo	(B) DUE TO, OR (C) OPERATION W. OPERATION W. OF INJURY(e.g., afficiary, street, afficiary	AS A CONSEQ	QUENCE OF: QUENCE OF: LED LED LECTOR OF THE PROPERTY OF TH	If in Baftimare		xoct locotic	Yes	
DISEASES RISE TO THE DISEASE OF TO THE DISEASE O	Te, osthenio, etcomplicotion which which which will be above the a	CAUSES ONS, #F ANY, OUSE (A) STATIN ION LAST. II NOTITIONS CONT GIVEN IN PAR N 20B. COND WAS STRIB-	iseose, I.) GIVING ING THE NTRIBUTIN HE TERMIN T I (A). DITION FO	NG NAL OR WHICH (28. PLACE C ome, form, fa hor	(B) DUE TO, OR (C) OPERATION W. OPERATION W. OF INJURY(e.g., afficiary, street, afficiary	AS A CONSEC	QUENCE OF:	If in Baftimare	e Stre	xoct locotic	Yes	? (Yes ar
DISEASES RISE TO THE DISEASE CONTINUE OF C	ANTECEDENT OR CONDITI HE ABOVE CA VING CONDITI OR CONDITI OR CONDITI OR CONDITI OR CONDITION OF OPERATION ERNAL CAUSE UG Manth) (C	CAUSES ONS, IF ANY, CUSE (A) STATIN ION LAST. II RELATED TO THE GIVEN IN PAR. V 20B. COND WAS ITRIB- ATH. Ody) (Year)	SIVING NG THE NTRIBUTIN TETERMIN TO A (A) (Haur)	NG NAL OR WHICH (28. PLACE Come, form, for hor 22E. INJUI	(B) DUE TO, OR (C) OPERATION W. OF INJURY(e.g., street, affice me	AS A CONSEQUENCE OF TWHILE	QUENCE OF: QUENCE OF: 1ED 12C. WHERE DID (NJURY OCCUR? 2019 Eas	If in Baftimare	e Stre	xoct locotic	Yes	
DISEASES RISE TO THE DISEASE OF THE	Te, osthenio, etcomplicotion which which which will be above the a	CAUSES ONS, IF ANY, CUSE (A) STATIN ION LAST. II RELATED TO THE GIVEN IN PAR. V 20B. COND WAS ITRIB- ATH. Ody) (Year)	SIVING NG THE NTRIBUTIN TETERMIN TO A (A) (Haur)	NG NAL OR WHICH (28. PLACE Come, form, form, form) ACCOMMENT (22E. INJUI	(B) DUE TO, OR (C) OPERATION W. OF INJURY(e.g., clary, street, affice RY OCCURRED NOT AT V	AS A CONSECUTION OF THE PROPERTY OF THE PROPER	QUENCE OF:	If in Baftimare	e Stre	xoct locotic	Yes	
DISEASES RISE TO THE SIGN TO THE RIGHT TO THE DISEASE CO. 20A. DATE CO. 20A. DATE CO. 20A. EXTE UNDERLYIN UTING CF INJURY (APPROX.) 23.	ANTECEDENT OR CONDITION OR COND	CAUSES ONS, IF ANY, OUSE (A) STATIN ION LAST. II NDITIONS CONT RELATED TO THE GIVEN IN PAR VAS LITRIB- ATH. Ody) (Year) -69	SEOSE, A.) GIVING NG THE NTRIBUTIN HE TERMIN TO 1 (A). OHNOR (Hour) ?	NG NAL 2B. PLACE Come, form, for hor 22E. INJUI WHILE AT WORK	(B) DUE TO, OR (C) OPERATION W. OF INJURY(e.g., clary, street, affice Me MY OCCURRED ATV	AS A CONSECTION OF THE PROPERTY OF THE PROPERT	QUENCE OF: QUENCE OF: QUENCE OF: 22C. WHERE DID (NJURY OCCUR? 2019 Ease 2F. HOWDID IN. ? ond that on the	of in Baffimare St Chas SURY OCCU	e Stre	et	Yes	
DISEASES RISE TO THE SIGN TO THE RIGHT TO THE DISEASE CO. 20A. DATE CO. 20A. DATE CO. 20A. EXTE UNDERLYIN UTING CF INJURY (APPROX.) 23.	ANTECEDENT OR CONDITION OR COND	CAUSES ONS, IF ANY, CUSE (A) STATIN ION LAST. II NDITIONS CONT GIVEN IN PAR' N 20B. COND WAS ITRIB- ATH. Ody) (Year)	SEOSE, A.) GIVING NG THE NTRIBUTIN HE TERMIN TO 1 (A). OHNOR (Hour) ?	PLACE Come, form, for hor white AT work	(B) DUE TO, OR (C) OPERATION W. OF INJURY(e.g., clary, street, affice Me MY OCCURRED ATV	AS A CONSECUTION OF THE PROPERTY OF THE PROPER	QUENCE OF: QUENCE OF: 22C. WHERE DID (NJURY OCCUR? 2019 Eas 22F. HOWDID IN. ? ond that on the	of in Baftimares t Chas SURY OCCU This basis, o	e Stre	et	Yes	
DISEASES RISE TO THE SIGN TO THE RIGHT TO THE DISEASE CO. 20A. DATE CO. 20A. DATE CO. 20A. EXTE UNDERLYIN UTING CF INJURY (APPROX.) 23.	ANTECEDENT OR CONDITION OF OPERATION CRNAL CAUSE UG Manth) (C 6~ 14~ Ortify that I hulted from: N	CAUSES ONS, IF ANY, OUSE (A) STATIN ION LAST. II NDITIONS CONT RELATED TO THE GIVEN IN PAR VAS LITRIB- ATH. Ody) (Year) -69	SEOSE, A.) GIVING NG THE NTRIBUTIN HE TERMIN TO 1 (A). OHNOR (Hour) ?	NG NAL 2B. PLACE Come, form, for hor 22E. INJUI WHILE AT WORK	(B) DUE TO, OR (C) OPERATION W. OF INJURY(e.g., clary, street, affice Me MY OCCURRED ATV	AS A CONSEQUENCE OF THE PROPERTY OF THE PROPER	QUENCE OF: QUENCE OF: QUENCE OF: 22C. WHERE DID (NJURY OCCUR? 2019 Eas 22F. HOW DID IN. ? ond that on the omicide Chief Medical E	If in Baftimares t Chas JURY OCCU his basis, o	e Stre	et	Yes	
DISEASES RISE TO THE DUNDERLY OTHER SIG TO THE DUNDERLY OTHER SIG TO THE DUNDERLY OTHER SIG TO THE DUNDERLY OF THE DUNDERLY	ANTECEDENT S OR CONDITI HE ABOVE CA VING CONDITI HE ABOVE CA VING CONDITI HE ABOVE CA VING CONDITI BEATH BUT NOT DR CONDITION OF OPERATION RNAL CAUSE GENER CON CAUSE OF DEA (Manth) (II 6-14- Ortify that I h ulted from: N AL LITURE	CAUSES ONS, #F ANY, CUSE (A) STATIN ION LAST. II NDITIONS CONT GIVEN IN PAR N 20B. COND WAS ITRIB- ATH. Day) (Year) -69 deld on Inq	GIVING NG THE NTRIBUTIN HE TERMIN T 1 (A). OITION FO (Hour) ? m	OR WHICH Come, form, for hor 22E. INJUI WORK Inspec	(B) DUE TO, OR (C) OPERATION W. OF INJURY (e.g., other), street, affice me RY OCCURRED AT V Suicid M.E.	AS A CONSECUTION OF THE PROPERTY OF THE PROPER	QUENCE OF: QUENCE	If in Boftimare St Chas JURY OCCU This basis, of Undetermin XAMINER	e Stre	et opinion	Yes	TE SIGN
DISEASES RISE TO THE UNDERLY OTHER SIGN TO THE DIDISEASE COME TO THE DISEASE CO	ANTECEDENT S OR CONDITI HE ABOVE CA VING CONDITION OF OPERATION CAUSE OF DEA VITTING THE CONDITION CAUSE OF DEA	CAUSES ONS, #F ANY, CUSE (A) STATIN ION LAST. II NDITIONS CONT GIVEN IN PAR N 20B. COND WAS ITRIB- ATH. Day) (Year) -69 deld on Inq	GIVING NG THE NTRIBUTIN HE TERMIN T 1 (A). OITION FO (Hour) ? m	OR WHICH Come, form, for hor 22E. INJUI WORK Inspec	(B) DUE TO, OR (C) OPERATION W. OF INJURY(e.g., clary, street, affice me RY OCCURRED NOT AT V. Suicio	AS A CONSECUTION OF THE PROPERTY OF THE PROPER	QUENCE OF: QUENCE OF: QUENCE OF: 22C. WHERE DID (NJURY OCCUR? 2019 Eas 22F. HOW DID IN. ? ond that on the omicide Chief Medical E	If in Boftimare St Chas JURY OCCU This basis, of Undetermin XAMINER	e Stre	et	Yes	TE SIGN
DISEASES RISE TO THE DUNDERLY OTHER SIG TO THE DUSEASE CO 20A. DATE CO 22A. EXTE	re, osthenio, etcomplicotion which which which will be considered by the constant of the const	CAUSES ONS, IF ANY, CUSE (A) STATIN ION LAST. II RELATED TO THE GIVEN IN PART V 20B. COND WAS	iseose, I.) GIVING ING THE NTRIBUTIN HE TERMIN T I (A). DITION FO	NG NAL OR WHICH	(B) DUE TO, OR (C)	AS A CONSEQ	QUENCE OF:		: City, give ex		Yes	

Auraina S. A-uturuta, ii. . IMPORTAN

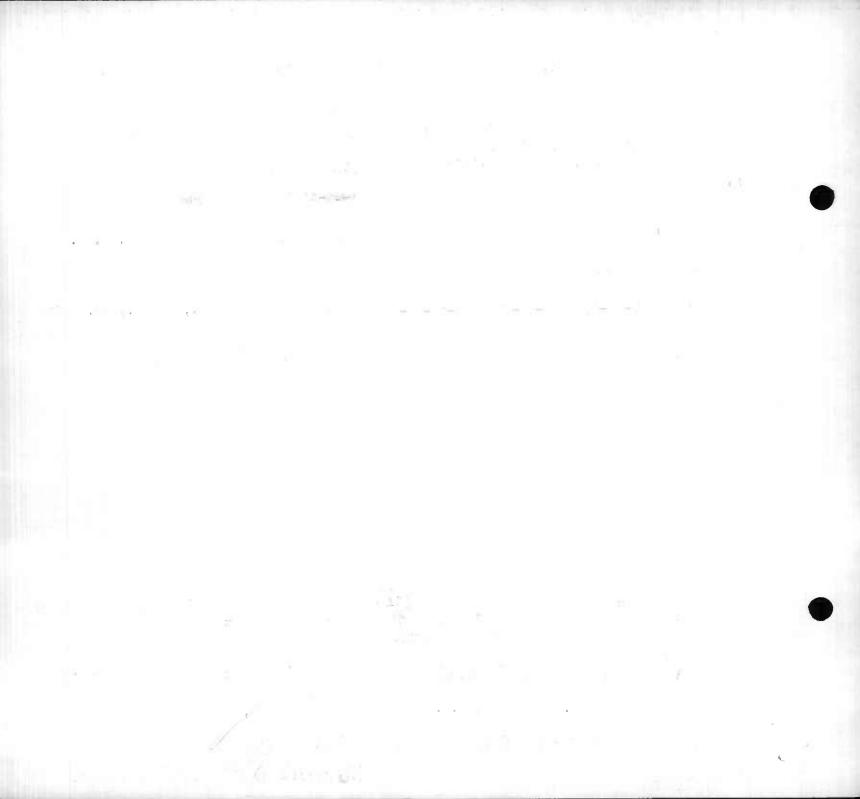
DIRECTOR:

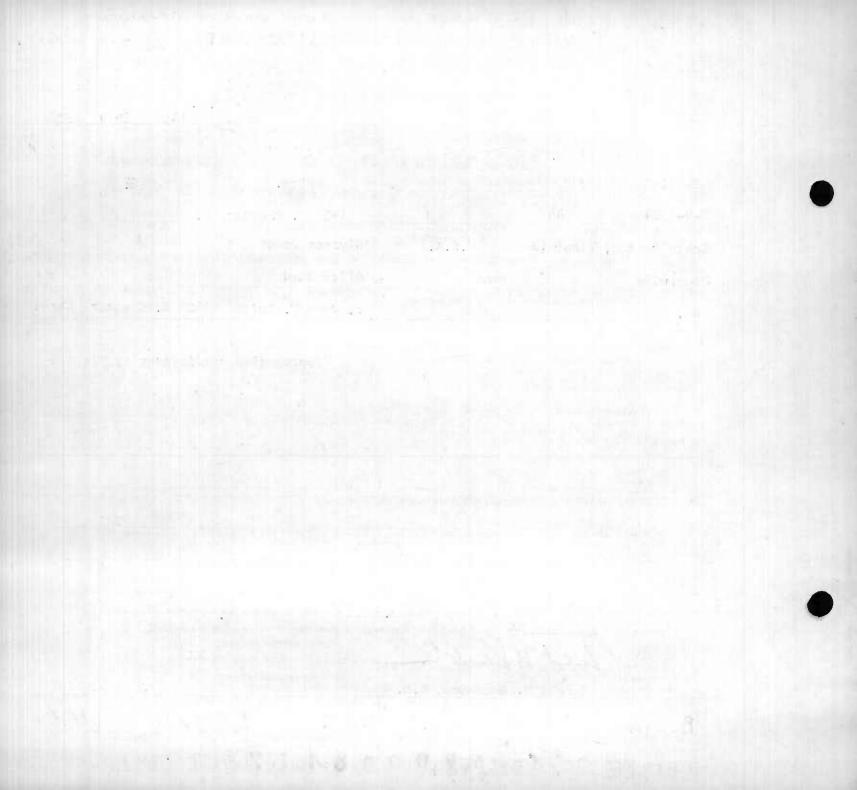
FUNERAL



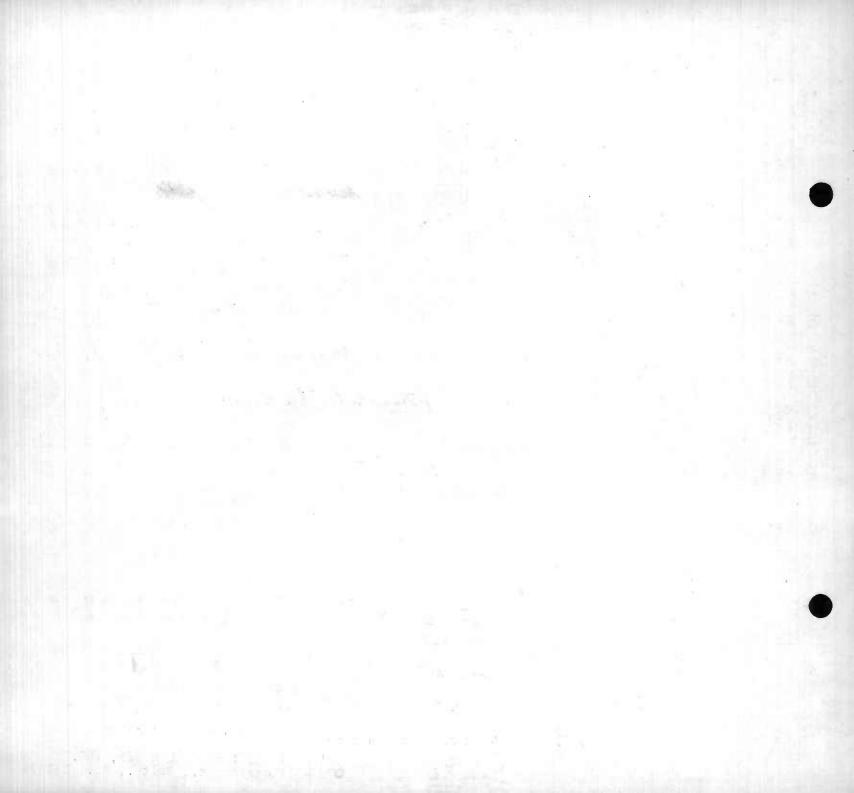
IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was B.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
FUNERAL DIRECTOR: IMPORTANT	approved by the chief medical examiner o to the hospital by a medical examiner. A fany nature; (2) Body burns; (3) A fracture il (except where the physician who proncis; and (6) No physician was in regular a se obtained before the remains are embalm
	This certificate must be the body was released shows: (1) An accident o was D.O.A. at a hospita deceased prior to death written approval must b

W-45	52 69	6	126 BALTIMORE CITY	HEALTH DEPARTMENT		69 6126	
BIRTH NO.			CERTIFICA	TE OF DEATH	REG. NO	00 0120	
1. NAME OF D				2. OATE	AND HOUR OF DEATH		
	WILLIAMS	, More	decai NMI Melvi		JUNE 1969	17:00 A	
3. PLACE IN BALTIMORE, MARYLANO, WHERE PRONOUNCED DEAD				A. USUAL RESIDENCE (Where deceased lived, If institutions residence before admission) A. STATE B. COUNTY			
FULL NAME OF ADDRESS OR LOCATION) VETERANS ADMINISTRATION HOSPITAL 3900 LOCH RAVEN BOULEVARD BALTIMORE, MARYLAND 21218 5. SEK 6. RAGE				MARYLAND BALTIMORE CITY 5 -/2 C. CITY OR TOWN D. INSIDE CITY LIMITS?			
							BALTIMORE
				E. STREET AND NUMBER			
				3722 TOWANDA AVENUE			
				MALE	NEGROID	WIDO	
OA. USUAL OC	CUPATION (Give kind of world working fife, even if retired)	10B, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	areign countryl	12. CITIZEN OF WHAT COUNTRY	
	S HELPER	R/	ARMING	BAITTMODE	MADUT ARTS		
12 CATURDED AND THE STATE OF TH				BALTIMORE, MARYLAND U. S. A.			
BRADLEY WILLIAMS							
				SYLVESTER McCOY			
es, no or unknow	ed Ever in U. S. Armed For vn) (11 yes, give war ar dole	ces? s al servi	cel SECURITY NO.	17. INFORMANT VA HOSPITAL RECORDS ADDRESS			
YES	7-31-45 TO 1			3900 LOCH RA	AVEN BLVD.	BALTO., MD. 21218	
18.	1 3 X1		CAUSE OF DEATH			APPROXIMATE INTERVAL	
inse fo (OR CONDITIONS, if the obove cause (A) is CONDITION lost. Il IFICANT CONDITIONS CONTINUES CONTIN	Stoling NTRIBUTIN	(C)	A CONSEQUENCE OF:			
DISEASE OR	CONDITION GIVEN IN PAR	Γ 1 (Δ).	***************				
0	F OPERATION 198. CON WAS PERF	ORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208. IP YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?	
OR CONTRIB	ENT WAS UNDERLYING UTING CAUSE OF y medical examined		21B. PLACE OF INJURY (e.g., in home, form, factory, street, off etc.)	or about 21 C. WHERE DID	(Il In Boltimo	re City, give exact lacation)	
21 O. TIME OF (NJURY (APPROX.)	(Manth) (Oay) (Year)		21E INJURY OCCURRED While At Not While At Work	21F. HOW DID ft	JURY OCCUR?		
22. I certify	that the (this bosnisal)		d the deceased from 14	JUNE	60 15	HIA!	
) last saw the decease			10	19 69 to 15		
				19 <u>69</u> and 1	that in (20) (aur) api	nian death accurred an the date	
and have ar	nd from the causes stat	ed abave	» (주) (₩e) (did) (라마다 vi	ew the bady after death	•		
23A. SIGNAT	O h m				Contillate	23 B. OATE SIGNEO	
Im	ak K IN	earle	D M P DEGREE Phys.	ding Med. Director	Shaff Phys. G	6-17-69	
23C. PHYSICI, NAME (AN'S Typo)		DE OREE;	10 100000	CH RAVEN BOU		
		eMEES!	TER, M.D.				
A BURIAL CR	EMATION, 248. OATE		NAME OF CEMETERY OF CREA		RE, MARYLAND	ly, lown, or county) (State)	
Bueir	h 6/19/6	9 1	Balto. NA	TIONAL (3A 100.	Md. (State)	
A. DATE REC'I		-	LE OF REGISTRAR	25C. FUNERAL DIRECTO	138	ADDRESS	
JUNI	7 1969 7 4	E 30	R5 70 0 0	MORTONH.	DUETT 170	1 LAURENS	
150-REV. 1/1/	/68				J		





VS 150-REV. 1/1/6B



IMPORTANT

DIRECTOR:

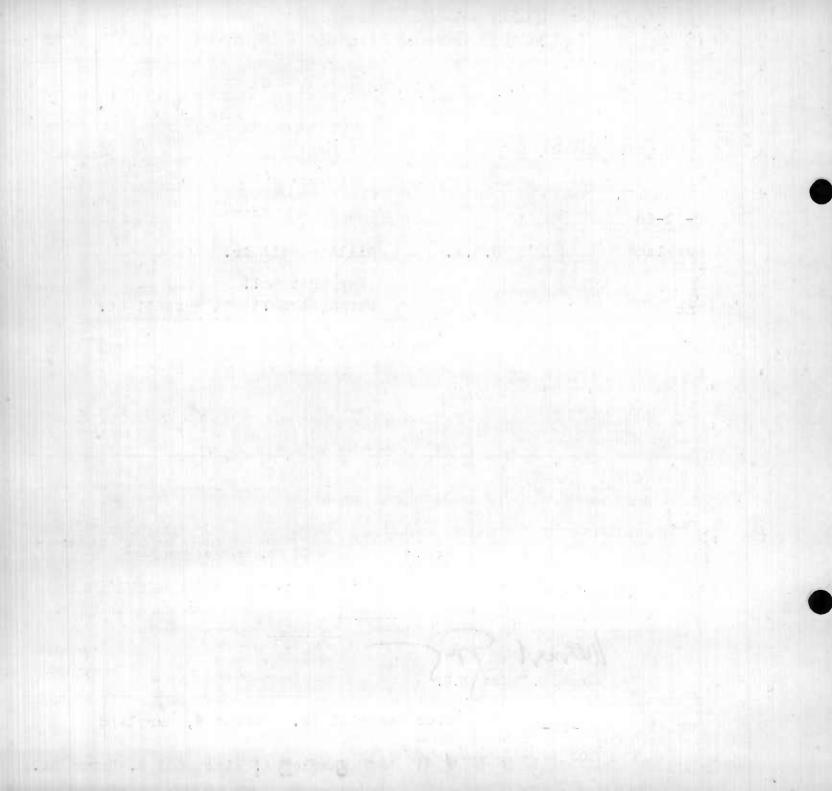
FUNERAL



C-460 69 6130 BALTIMORE CITY HE		
MEDICAL EXAMINER'S	CERTIFICATE OF DEAT	H ₈₅₀ No 69 6130
BIRTH NO.		REG. 140,
1. NAME OF DECEASED (Type or Print)	2. DATE Known X Month	Doy Yeor Hour
CALVIN COLLIER	DEATH Estimoted June	14, 1969 _{M.}
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month PRONOUNCED DEAD	Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)		14, 1969 6:50 P.M.
OR INSTITUTION		
574 St. Mary Street	Maryland C. CITY OR TOWN	D. INSIDE CITY LIMITS?
MAKKIED LINEVER MAKKIED LA	C. CHY OR TOWN	D. INSIDE CITY LIMITS?
Male Negro WIDOWED DIVORCED	Baltimore	YES X NO
9. DATE OF BIRTH 10. AGE (In years II Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min. Months, Mi	E. STREET AND NUMBER 574 St. Mary Str	200t
10-21-1932 36 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13. FATHER'S NAME	.eet
Westover, Maryland WHAT COUNTRY?	John W. Collier	
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even il retired)	15. MOTHER'S MAIDEN NAME	
Unemployed	Katie Dorsey	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT	ADDRESS
(Yes, no or unknown) (II yes, give wor or dotes of service) SECURITY NO.	Mr. Wesley Collier	3314 Virginia Avenue
19. 2 H CAUSE OF DEA		APPROXIMATE INTERVAL
10/9/11/2007/		BETWEEN ONSET AND DEATH
	t drowning during epile	
LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO OR A	AS A CONSEQUENCE OF:	seizure
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	A CONSEQUENCE OF .	
	AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
(c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED	21. AUTOPSY? (Yes or No)
		Yes
ZZA. EXTERNAL CAUSE WAS [228. PLACE OF INJURY(e.g.,	in or about 22C. WHERE DID (II in Boltimor	
UNDERLYING XXOR CONTRIB. home, form, foctory, street, office	e bldg., etc.) INJURY OCCUR?	
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCU	St. (bathroom)
OF INJURY WHILE AT NOT	WHILE X Allegedly fell in	
23.		seizure
I certify that I held on Inquiry Inspection Au	topsy ond that on this basis,	deoth in my oplnion
resulted from: Natural causes Againdent X Suicide Homicide Undetermined manner		
CHIEF MEDICAL EXAMINER		
ACTUAL ASSISTANT MEDICAL EXAMINER THE DATE SIGNED		
SIGNATURE M.D.		
EXAMINER'S Charles S. Springate, M.D. NAME (Type)	ASSOCIATE MEDICAL EXAMINER	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION	(City, town, or county) (State)
Burial 6-19-69 Mt. Aubu	. 1 0 11	more, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
2011 1 1202 345 5: 1 123 345 3	a Hortas a Duo	H.F. H. 1201 Laure

ALC: YOU STORY

VS 1S1-REV. 1/1/6B



VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

NO X

Hours

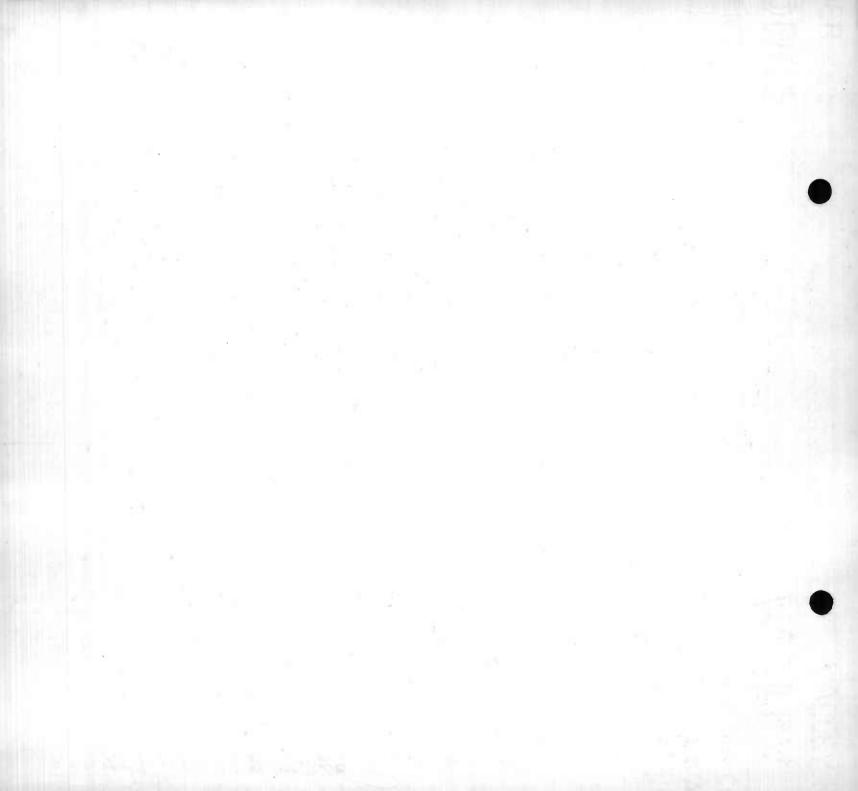
APPROXIMATE INTERVA

BETWEEN ONSET AND DEATH

ADDRESS

ADDRESS

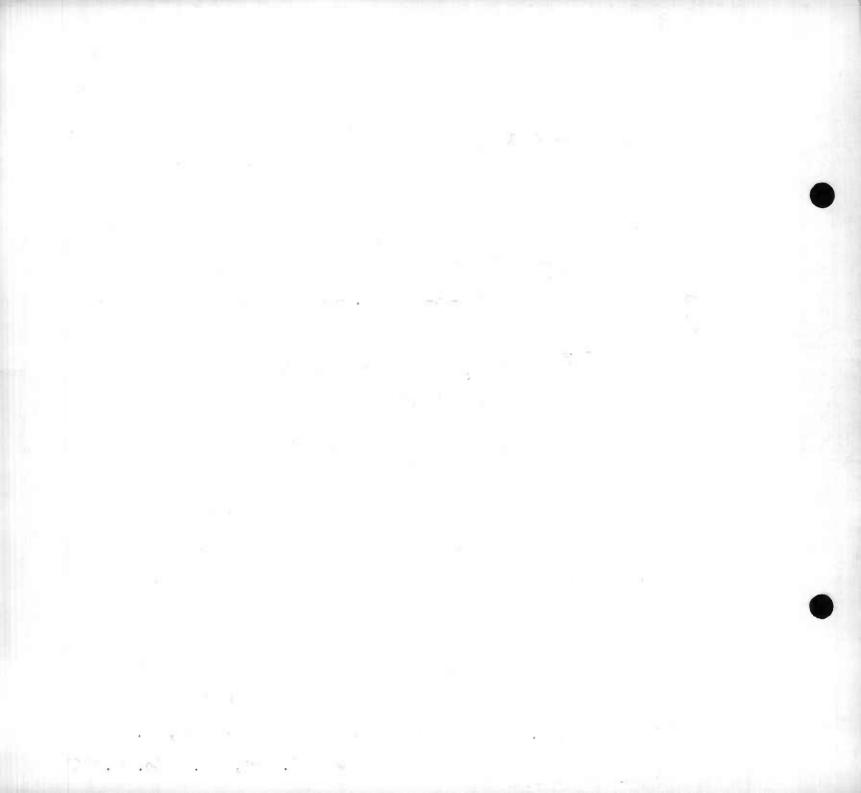
If Under 24 Hrs.



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.C.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1,	K-535 69 6133 CERTIFICATE OF DEATH X REG. NO. 69 6133
1,1	NAME OF DECEASED Pe or Printl EVA KNOTH FR (Knottner) 2 DATE AND HOUR OF DEATH 2 DATE AND HOUR OF DEATH
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE IWhere deceased lived, il institution: residence before admission) A. STATE B. COUNTY
FL	Baltimore STITUTION Baltimore C. CITY OR TOWN D. INSIDE CITY LIMITS?
	Mercy Hospital E. STREET AND NUMBER
5.	SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yours lost birthday) Months Doys Hours Min.
dor	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) HOUSEWILE USA 12. CITZEN OF WHAT COUNTRY? USA
13.	FATHER'S NAME
	WILLIAM ROSCOPCIONER Krach BARBARA FREDERICK
15. (Ye	Wos Deceosed Ever in U. S. Armed Forcos? s, no of unknown) (If yes, give wor or doles of service) NO 16. SOCIAL SECURITY NO. 21754-0009 Mr. John Schlauch (Same)
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, heart failure, osthenio, etc. il means the disease, injury or camplicotion which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, il any, giving CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:
	UNDERLYING CONDITION lost. (c) lose of ITCHACIT & METASTASS
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
RTIFI	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSYS (196 of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFFING CAUSES OF DEATH?
CAL	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, locally, street, office bldg., INJURY OCCUR? DEATH (notify medical examined) 21D. TIME (Monih) (Doy) (Yea) (Hour 21E INJURY OCCURED) 21D. TIME (Monih) (Doy) (Yea) (Hour 21E INJURY OCCURED) 21D. TIME (Monih) (Doy) (Yea) (Hour 21E INJURY OCCURED) 21D. TIME (Monih) (Doy) (Yea) (Hour 21E INJURY OCCURED)
MEDI	21D-TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While Cell at Jame
	22. I certify that (1) (this hospital) attended the deceased fram 6 7 19 6 4
	that (i) (we) last saw the deceased alive an
	and have and from the causes stated above. (1) (We) (did) (did nat) view the bady after death.
	23A. SIGNATURE Attending Med. Stoff Phys. 23B, DATE SIGNED DEOREE Phys. Director Phys. 25B, DATE SIGNED OF SIGNED PHYS. 25B, DATE SIGNED PHYS. 25B, DATE SIGNED OF SIGNED PHYS. 25B, DATE SIGNED PHYS. 25B, DATE SIGNED OF SIGNED PHYS. 25B, DATE SIGNED PHYS. 25B, DATE SIGNED OF SIGNED PHYS. 25B, DATE SIGNED PHYS. 25B, DATE SIGNED OF SIGNED PHYS. 25B, DATE SIGNED PHYS. 25B, DATE SIGNED OF SIGNED PHYS. 25B, DATE SIGNED PHYS. 25B, DATE SIGNED OF SIGNED PHYS. 25B, DATE SIGNED PHYS. 25B, DATE SIGNED OF SIGNED PHYS. 25B, DATE SIGNED PHYS. 25B, DATE SIGNED OF SIGNED PHYS. 25B, DATE SIGNED PHYS. 25B, DATE SIGNED OF SIGNED PHYS. 25B, DATE SIGNED PHYS. 25B, DAT
	23C. PHYSICIAM'S NAME (Type) SAMI BRAHIM MI) Recy Hospital
24A	Burial CREMATION, 24B. DATE 24C.NAME of CEMETERY of CREMATORY Burial 6/11/69. Holy Redeemer Cemetery Baltimore, Md.
	DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTEAR () 111N 1 7 1969 P. E. Jacke, M.D. 150-REV. 171/68



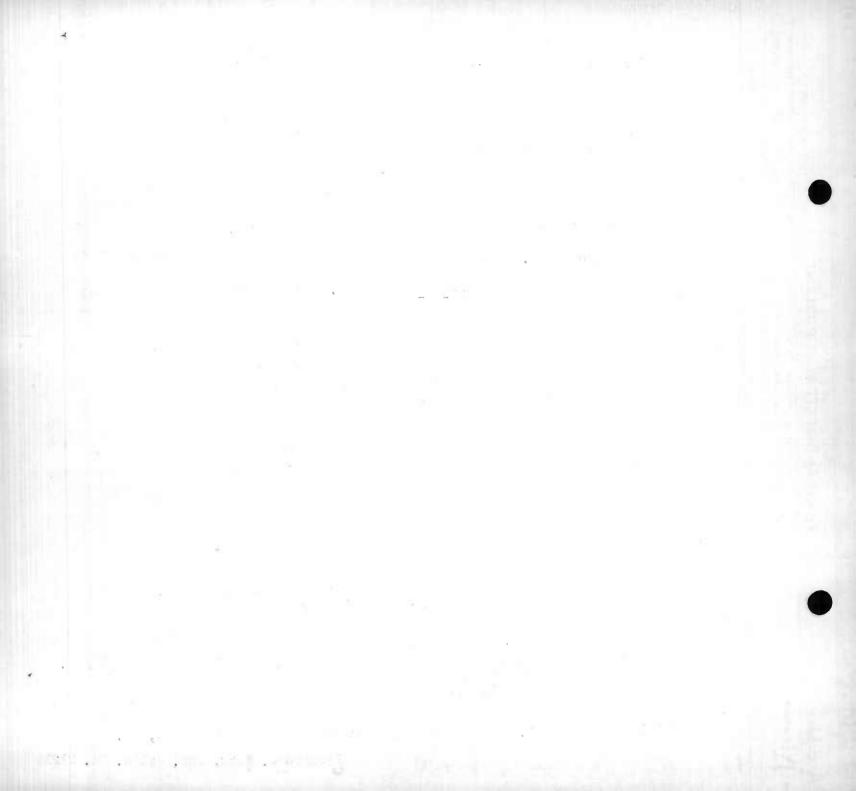
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DIRECTOR:

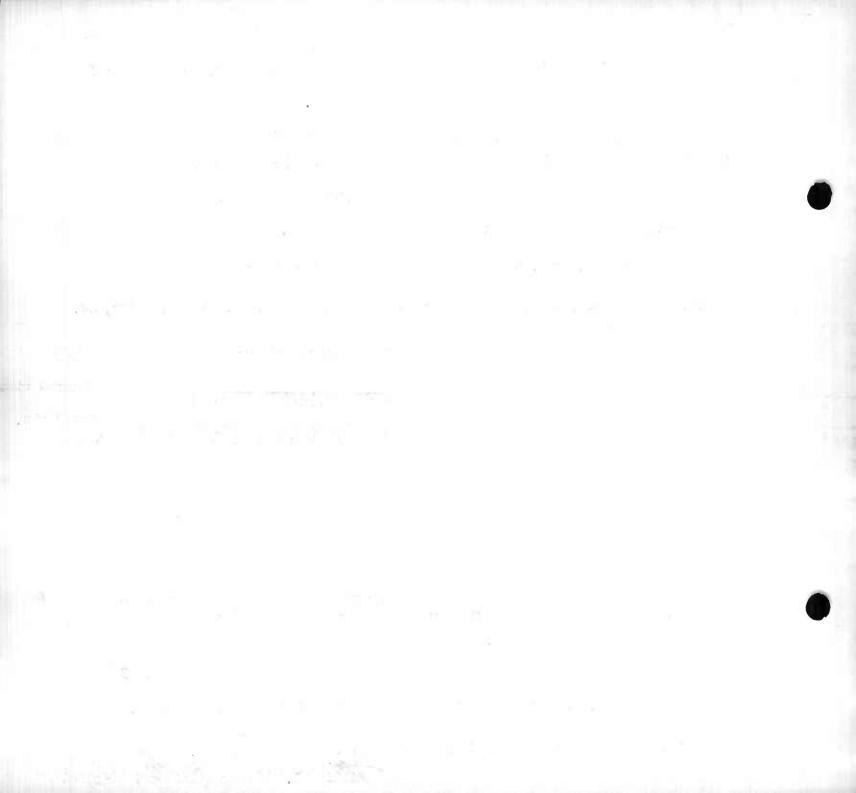
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VS 150-REV. 1/1/68

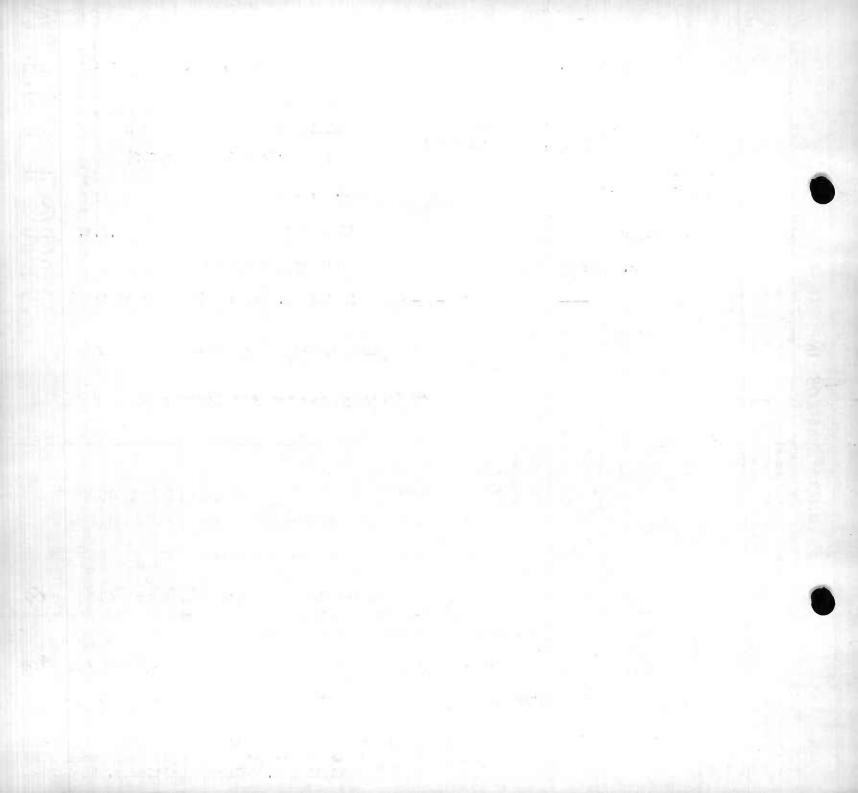
BALTIMORE CITY HEALTH DEPARTMENT



VS 150-REV. 1/1/68



VS 150-REV. 1/1/68



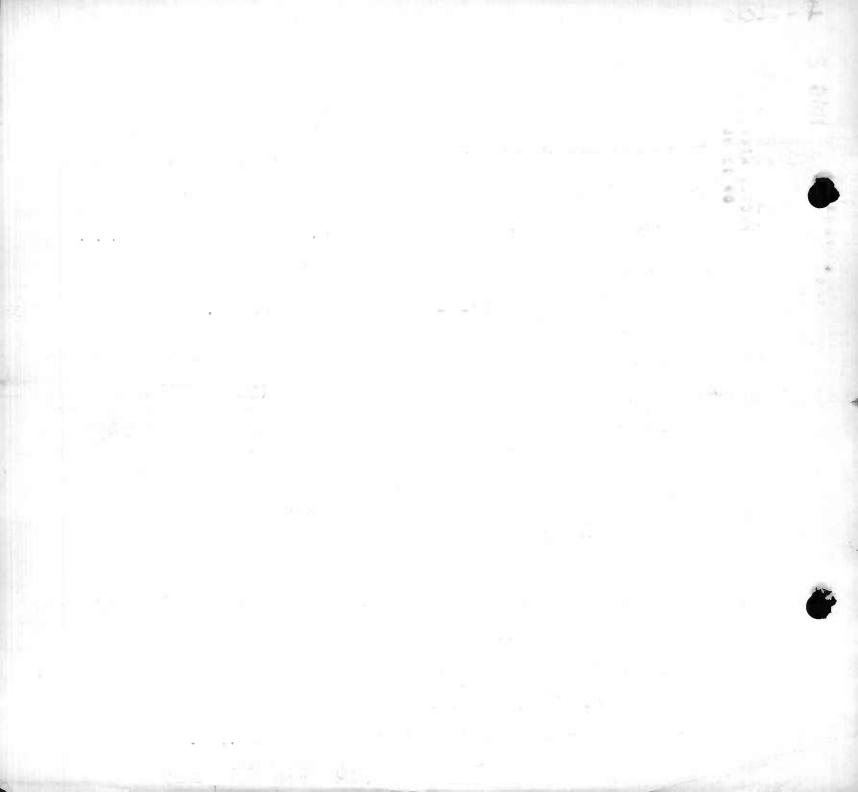
69 613	CERTIFICATE OF	DEATH	REG. NO.	5 5134
or Print) Novarine, Floren	EED DEAD 4. USUAL R	6-15 ESIDENCE (Where deci	-69	5 3 6 A
PITAL OR ADDRESS OR LOCATION)	ON, GIVE STREET Ma	ryland	D. INSIDE CITY	
orth Charles General	HOSP. ESSET A	21221 ND NUMBER Wild WOO	of Beach	Road
F WIDOWED	DIVORCED Sept.	22 9 4903 lost bi	irthda Manths	er 1 Yr. If Under 24 h Days Haurs Min
during most of working life, even if retired) HOVE	NEW .	FERSEX.	,	1,5,a.
GEORGE HELLMUND	SAR	LH BROCK		
agarunknawn) (If yes, give war or dotes of service)	SECURITY NO		hart	ADDRESS
nearl failure, asthenia, etc. It means the disease, njury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stating the	(B)			
O THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	CH OPERATION 20 A. AUT	OPSY? (Yes or Na) 20B	IF YES, WERE FINDING CERTIFYING CAUSES OF	S CONSIDERED DEATH?
OR CONTRIBUTING CAUSE OF home, I	form, loctory, street, office bldg., IN.	URY OCCUR?	(If in Baltimare City, g	ive exoct location)
(TD.TIME (Month) (Doy) (Year) (Haur) 21E, IN.		HOW DID INJURY	O C C U R?	
APPROX.) While Work	At Work	77	9 /-	15 10
While	deceased from 6 - 15 19 6		(my) (our) opinian de	
APPROX.) While Work 2. I certify that (I) (this hospital) attended the chat (I) (we) lost sow the deceosed alive on	deceased from 6 - 15 19 6	9 ond that In ly after death. Med. Shaff Director Phys.	(my) (our) opinian de	15 19 6 noth occurred on the ATE SIGNED
APPROX.) While Work 2. I certify that (I) (this hospital) attended the chat (I) (we) lost sow the deceosed alive on and hour and from the causes stated obave. (I) (V) 3A. SIGNATURE Jangon, M 3C. PHYSICIAN'S NAME (Type) MANUEL A. GONGON,	deceased from 19 6 We) (did) (did not) view the back phys. DEGREE Phys. 23D. ADDRES M.D. DEGREE NORTH	y after deoth. Med. Director Phys. Staff Phys.	(my) (our) opinian de	ATE SIGNED -15-69
APPROX.) While Work 12. I certify that (I) (this hospital) attended the chat (I) (we) lost sow the deceosed alive on	We) (did) (did not) view the back Me) (did) (did not) view the back Attending Phys. 23D. ADDRES MORTH E of CEMETERY of CREMATORY Mount Crematory	9 ond that In ly after death. Med. Staff Director Staff Phys.	(my) (our) opinian de	ATE SIGNED -15-69 -14 Gar caunty) (Stot
PI V V V V V V V V V V V V V V V V V V V	ME OF DECEASED ar Print) ME OF DECEASED ACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE PITAL OR ADDRESS OR LOCATION) TUTUTION TO THE CHARLES ADDRESS OR LOCATION) TO THE CHARLES TO MARRIED WIDOWED WIDOWED HOME ATHER'S NAME GEORGE HELLMUND Tas Deceased Ever in U. S. Armed Forces? The Company of the company o	ME OF DECEASED OF PRODUCED AND ANTICOPENS OR LOCATION OF STREET OF PRODUCED DEAD ACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD NAME OF OF DECEASED OF DECEATION OF STREET AND ADDRESS OR LOCATION OF STREET OF THE COLOR OF	ME OF DECEASED OF PARTITION ACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD NAME OF BELLIMONE MARYLAND, WHERE PRONOUNCED DEAD NAME OF BELLIMORE MARYLAND, WHERE PRONOUNCED DEAD NAME OF BELLIMORE MARYLAND, WHERE PRONOUNCED DEAD NAME OF BELLIMORE MARYLAND, WHERE PRONOUNCED DEAD A USUAL OCCUPATION HOSPITAL OR INSTITUTION, GIVE STREET FUNDOWED NEW JERSEX 14. MOTHER'S MANE WIDOWED DIVORCED NEW JERSEX 16. SOCIAL SECURITY NO. WIDOWED DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., head foiling with caused death.) ANTECEDENT CAUSES DISEASE OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION Test. III DISEASE OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION Test. III DISEASE OR CONDITION Test. III DISEASE OR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION Test. III DISEASE OR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION TO THE TERMINAL DISEA	ME OF DECEASED ACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD ALL USUAL RESIDENCE (Where deceased lived. H institution, GIVE STREET ALL USUAL RESIDENCE (Where deceased lived. H institution, GIVE STREET ALL USUAL RESIDENCE (Where deceased lived. H institution) B. ALL USUAL RESIDENCE (Where deceased lived. H institution) B. ALL USUAL RESIDENCE (Where deceased lived. H institution) B. ALL USUAL RESIDENCE (Where deceased lived. H institution) B. ALL USUAL RESIDENCE (Where deceased lived. H institution) B. ALL USUAL RESIDENCE (Where deceased lived. H institution) B. ALL USUAL RESIDENCE (Where deceased lived. H institution) B. ALL USUAL RESIDENCE (Where deceased lived. H institution) B. ALL USUAL RESIDENCE (Where deceased lived. H institution) B. ALL USUAL RESIDENCE (Where deceased lived. H institution) B. ALL USUAL RESIDENCE (Where deceased lived. H institution) B. ALL USUAL RESIDENCE (Where deceased lived. H institution) B. ALL USUAL RESIDENCE (Where deceased lived. H institution, and the lived institution of lived (House) B. ALL USUAL RESIDENCE (Where deceased lived. H institution, and the institution of lived. H institution, and the lived. Have deceased lived. H in

BALTIMORE CITY HEALTH DEPARTMENT

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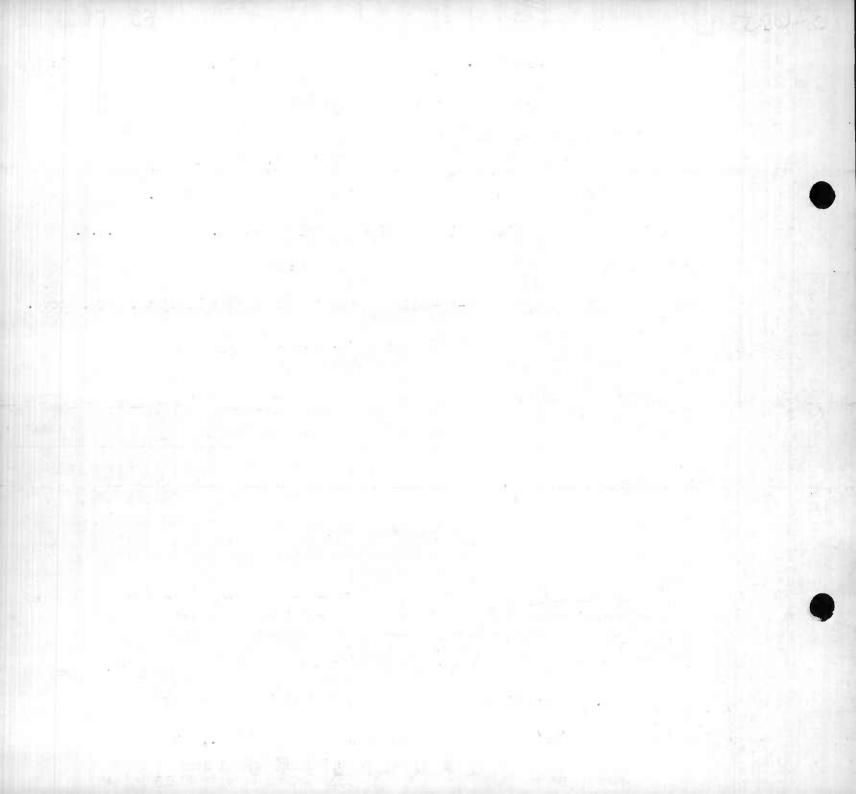
are a parella synchron of a labeller and also are James 1. -car elli latter

- 400	
ased the Such	BIRTH NO. CERTIFICATE OF DEATH
Su	1. NAME OF DECEASED (Type or Print) Marie Picka 2. Date and Hour of Death June 13 1969 1 9.27
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceesed lived, If institution: residence before edmiss
	FULL NAME OF ADDRESS OF LOCATION INSTITUTION, GIVE STREET Maryland 16-3
00	C. CITY OR TOWN D. INSIDE CITY LIMITS?
-	The Johns Hopkins Hospital E. STREET AND NUMBER
4	4306 Southern Avenue 21206
	Female White WIDOWED DIVORCED 9/12/1898 lest birthdoy 70 Months; Deys Heurs Mir
	10A. USUAL OCCUPATION (Give kind of werk 108. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stete or foreign country) 12. CITIZEN OF WHAT COUNTRY 11.
	Housewife at home Czech. U.S.A.
	100 MOINEKS MAIDEN NAME
	Anton Radek Josephine Hladky 15. Was Decessed Eyer In U. S. Armed Forces? 16. SOCIAL 17. INFORMANT
	15. Was Decessed Ever in U. S. Armed Farees? (Yes, ne or unknown) If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
	no 213-50-2146 Elissa Luber, dght., 3110 East Avenue 21
	OISEASE OR CONDITION DIRECTLY LEADING TO DEATH CAUSE OF DEATH CAUSE OF DEATH APPROXIMATE INTERVALE BETWEEN ONSET AND DE
l	(This does not mean the mode of duing as (A) IMMEDIATE CAUSE (PEDRUI Throm DOSI'S LUKe
	injury ar complication which caused death.)
	ANTECEDENT CAUSES (B) Atrial tibrillation / mor
	DISEASES OR CONDITIONS, il any, giving rise la lhe above cause (A) staling lhe UNDERLYING CONDITION last. (C) (C)
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Gangrene of lower extremities 2 wh
	198. CONDITION FOR WHICH OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes er Ne) 198. CONDITION FOR WHICH OPERATION WAS PERFORMED YES IN CERTIFYING CAUSES OF DEATH?
	218. PLACE OF INJURY (e.g., in er obout 21 C. WHERE DID home, ferm, fectory, street, office bldg., INJURY OCCUR?
-	21D. TIME IMenth! (Dey) IYeer IHeur 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While Work At Work
l	22, I certify that (1)(this hospital) attended the deceased fram Jime 1969 to June 13 1969
	that (1) (we) last saw the deceased alive an Jam 13 19 69 and that In (my) (aur) apinion death accurred an the d
	and haur and from the causes stated above, (1) (We) (dld) (dld not) view the body ofter death.
	23A. SIGNATURE 23B. DATE SIGNED
	23C. PHYSICIAN'S DEGREE Phys. Phys. Director Phys. D June 13, 1969
	NAME (Type)
-	
ŀ	Burial 6/17/69 Bohemian National Cemetery Balto. Md.
1	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR. 25C. FUNERAL DIRECTOR Home Son immunely Funeral Home 38B1 Brehms Lane 21213
*	VS 150-REV. 1/1/68

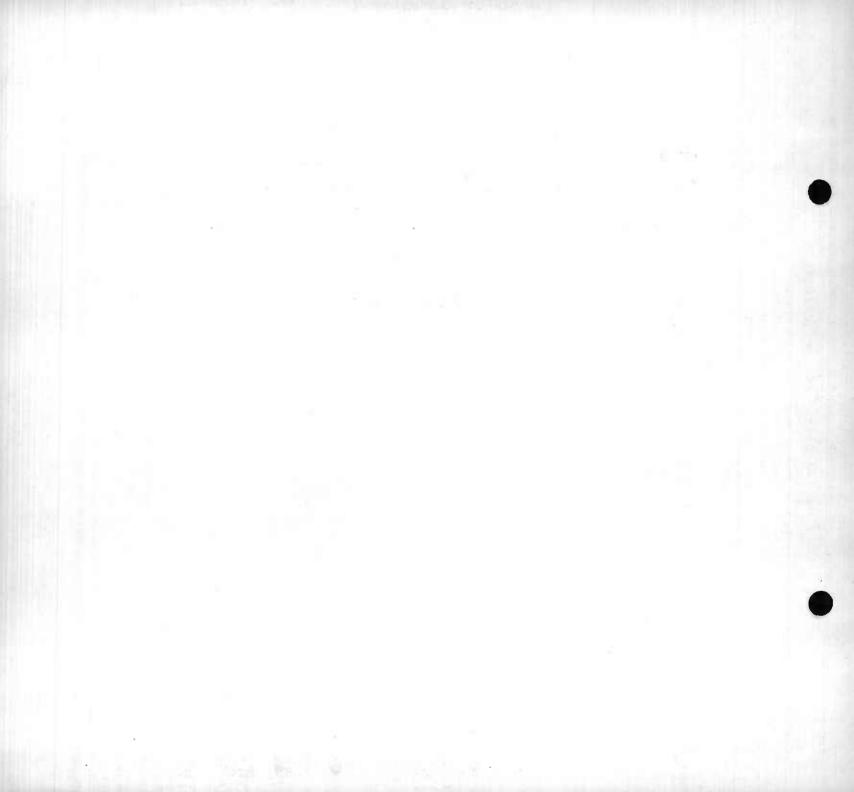


IMPORTANT

FUNERAL DIRECTOR:



VS 150-REV. 1/1/68



5-163

VS 151-REV. 1/1/6B

	EALTH DEPARTMENT	69 6142
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	00 0144
BIRTH NO.		r
I. NAME OF DECEASED (Type or Print) G.	2. DATE Knawn Kx Manth Day	Year Haur
RUTH SHEPPARD	DEATH Estimoted 6 13	69 2:30 p M
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy PRONOUNCED DEAD	Yeor Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		1969 2:30 pM
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If Institution:	residence before admission)
3121 Pelham Ave.	A. STATE B. COUNTY Maryland	26-3:
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CIT	Y LIMITS?
	n-1.	s 🗷 NO 🗌
Female White WIDOWED DIVORCED 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs		S DE NO L
10/16/98 last birthday) Manths, Days, Hours, Min.		
/5	3121 Pelham Ave. 21213	
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
Baltimore, Md. U.S.A.	William R. Smoot	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRI done during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME	
Press Operator George Franke & So	on Florence Stayler	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL		DRESS
(Yes, no ar unknown) (If yes, give wor or dotes of service) SECURITY NO.	Rev. John Sheppard, son, abov	re
19. CAUSE OF DEA		APPROXIMATE INTERVAL
41014	.1	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY ATTETIOS LEADING TO DEATH	sclerotic cardiovascular diseas	e
(A)IMMEDIALE	AS A CONSEQUENCE OF:	
heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.)	AS A CONSEQUENCE OF	
ANTECEDENT CAUSES (B)		*******************************
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	R AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		The state of
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	VAS PERFORMED	21. AUTOPSY? (Yes or No)
✓ 22A. EXTERNAL CAUSE WAS 228. PLACE OF INJURY(e.g.	, in ar about 22C. WHERE DID (If in Baltimare City, give exact	No No
UNDERLYING TOR CONTRIB. hame, farm, factory, street, affi	ice bldg., etc.) INJURY OCCUR?	. roconding
UTING CAUSE OF DEATH.		
OF INTERV		
m. WORK	WORK	
23.		
	utapsy and that an this basis, death in my	opinion
resulted from: Natural causes XX Accident Suici	ide Homicide Undetermined manner	
0 21/11	CHIEF MEDICAL EXAMINER	DAYS SIGNIED
ACTUAL (C)	ASSISTANT MEDICAL EXAMINER XX	DATE SIGNED
SIGNATURE MEANINER'S	ASSOCIATE MEDICAL EXAMINER	
NAME (Type) Ronald N. Kornblum, M.D.	June	13. 1969
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY		, ar county) (State)
DELIGITATION AS	ation a	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Schimunek Funeral Home	DDRESS
11 IN 1 17 1060 P. R. A. E. Fasher M.	3331 Brehms Lane 21213	
1011 (302 mosts - 12	1 Sor premis insite 51513	

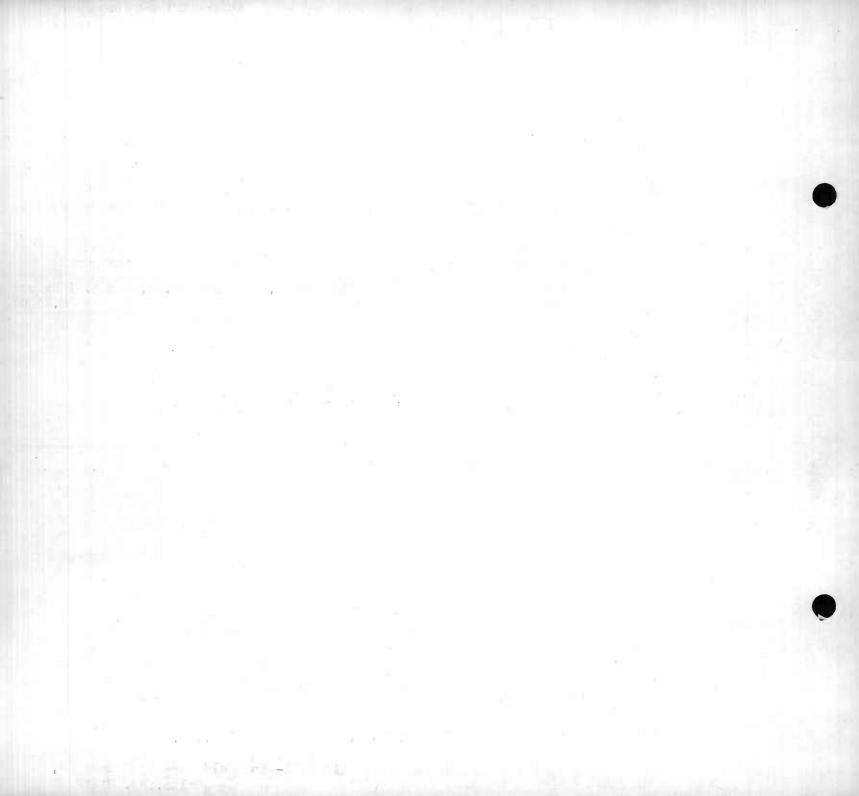
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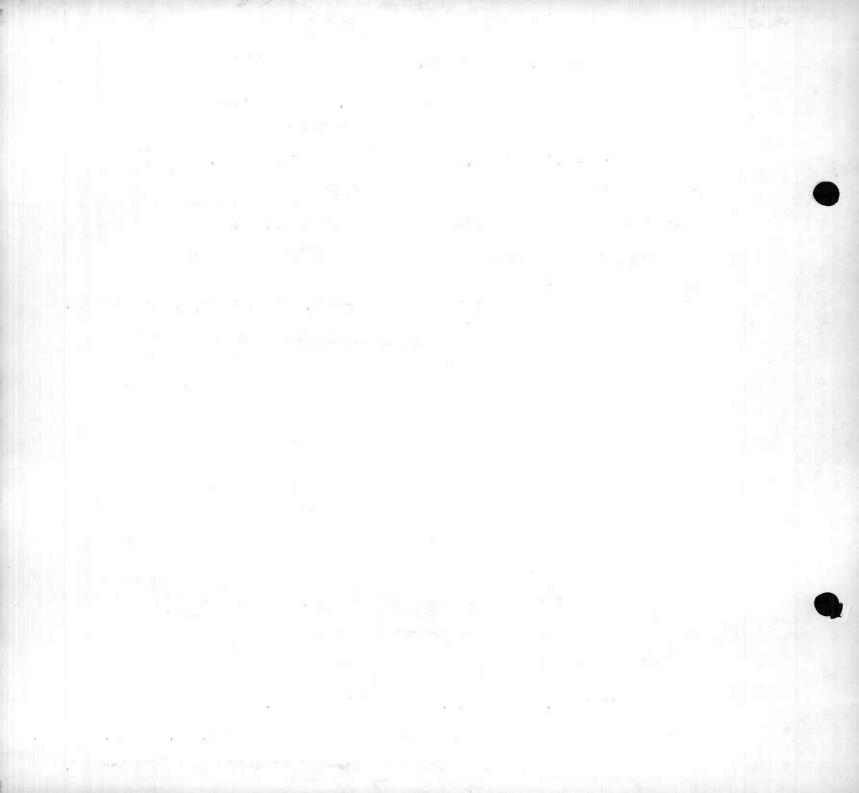
• V5 153 6-17-69 M.H. €.

		HEALTH DEPARTMENT
	69 6144 CERTIFICA	TE OF DEATH REG. NO. 69 6144
	RTH NO.	2. DATE AND HOUR OF DEATH
	ipe or Print 111004 Grap HARRT	6-13-69 1 11 P. M.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
1		A. STATE B. COUNTY ALANG CHNOPOLY
HC	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
N	ISTITUTION	BALTIMORE YES NO
	NORTH CHARLES GEN.	E STREET AND NUMBER
7	19 SPITAL	Foxleigh Nursing Home, Leisterhow
S. :	SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.
	M WIDOWED DIVORCED	7-27-83 85
	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE Store of foreign country) 12. CITIZEN OF WHAT COUNTRY?
gon	ne during most of working lite, even if retired) Shoemaker	MANUCAND USA
13.		14. MOTHER'S MAIDEN NAME Luck
1	LENDY H. GEDHARDT	ELIZABETH BOOKSOME
15.	Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL	
(Ye	es, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 2/2-03-586	Elizabeth J. Gerhardt Rt.#2, Box 1, Finksburg
	118. CAUSE OF DEATH	APPROXIMATE INTERVAL
	4 / 2003	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	SE CO NONARY APTERY DISEASE
	(A) MARKETIALE CASS. (A) IMMEDIATE CASS. (A) IMMEDIATE CASS. (A) IMMEDIATE CASS.	A CONSEQUENCE OF:
	injury or camplication which caused death.)	
	ANTECEDENT CAUSES (B) ATTECTO	SCLENOTIC CARDIOVASCINLAR DISEAS.
	DISEASES OR CONDITIONS, it any, giving DUE TO, OR AS	A CONSEQUENCE OF:
15	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	
0	Dec / /	ING MASS, etrology undetermines
ATIO	DISEASE OR CONDITION GIVEN IN PART 1 (A).	~ /
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CERT	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	
-	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off DEATH (notify medical exominer)	fice bldg., INJURY OCCUR?
9		
MED	OF INJURY	21F. HOW DID INJURY OCCUR?
<	(APPROX.) While At Not While At Work	
	22. I certify that (1) (this haspital) attended the deceased from	6/3 1969 to 6/3 1969,
	that (1) (we) last saw the deceased alive an	19 69 and that in (my) (aur) aplatan death accurred an the date
	and haur and from the causes stated above. (1) (We) (did) (dld nat) vi	iew the bady after death.
	23A. SIGNATURE	238, DATE SIGNED
	Phus	nding Med. Staff Phys. C //3/69
	23 C. PHYSICIAN'S	23D. ADDRESS
	NAME (Type) RIAMILATO A TOUTS TILL	WORTH CHARLES CEN. HOST.
24/	A. BURIAL CREMATION, 24B. DATE 24C. NAME OI CEMETERY OF CRE	
	burial 6/16/69 Lorraine Park C	
25	A DATE BECID BY HEALTH DEBT 1958 MANAE OF BEGISTBAD	DEC FUNERAL DIRECTOR
43/	HIN 1 8 1969 Lib E. Raiber, M.D.	Mitchell-Wiedefeld Home 6500 York Rd.
_	150-REV. 1/1/68 JUN 1 8 1969	Balto., Md. 21212
S		

BALTIMORE CITY HEALTH DEPARTMENT

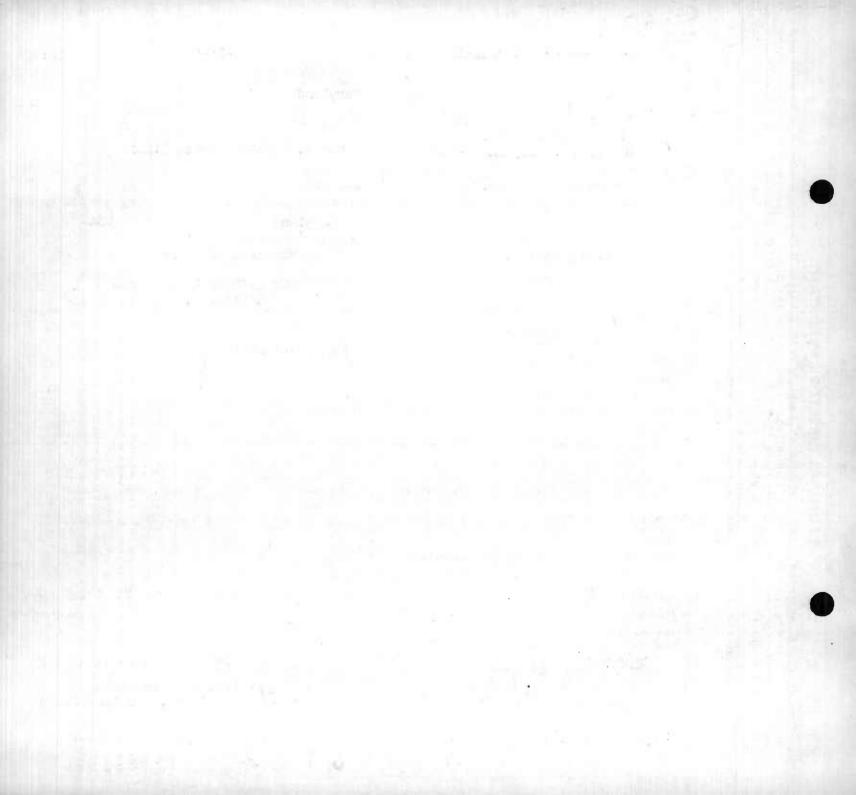


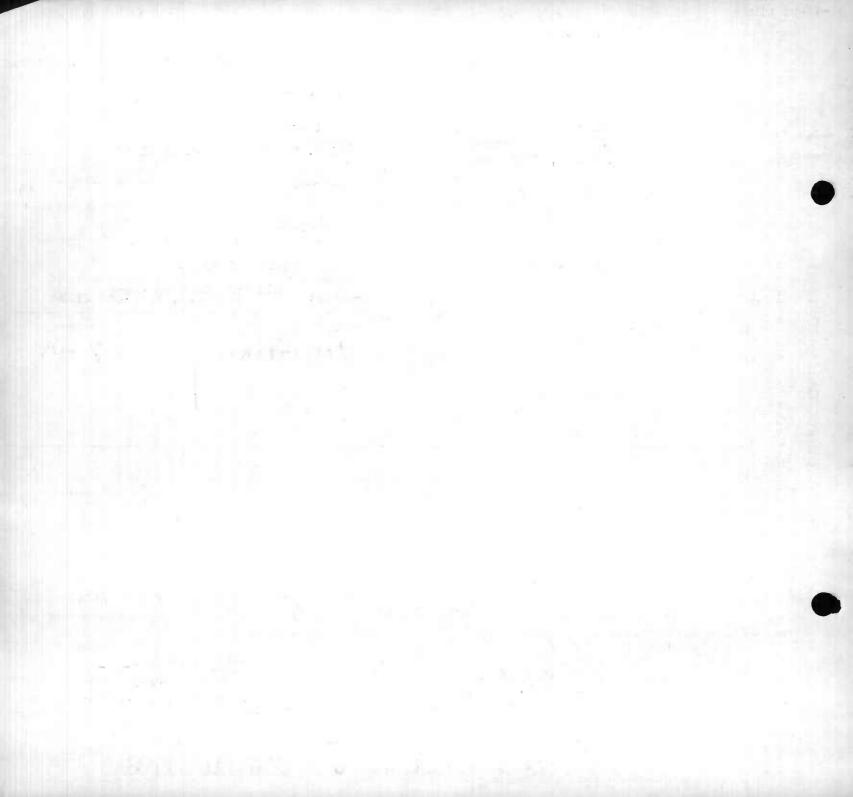
	0.6	0.4	BALTIMORE CITY	HEALTH DEPARTMEN	T	00 01	
	65	5 61	45 CERTIFICA	TE OF DEATH	H REG. NO	69 614	15
BIRTH NO.	CEACED		CERTIFICA		E AND HOUR OF DEATH		
(Type or Print)		J. McDon	mell Sr.		6/11/1969		M
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE ((Where deceased lived. If i	institution: residence b	efore odmission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT, ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	Md. B c. CITY OR TOWN Baltimore E. STREET AND NUMB		SIDE CITY LIMITS? YES X NO	78
00	707 Bennir	ohans l	Rd.	707 Benning			
S. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., I	f Under 24 Hrs.
Male	White	WIDOWED	DIVORCED	9/25/1889	10st birthdoy)		ours Min.
	CUPATION (Give kind of work f working life, even if retired)	108. KIND OI	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of	r foreign country)	12. CITIZEN OF W	HAT COUNTRY?
Sales		Fal	orics	Baltimore	, Md.	USA	
13. FATHER'S NA		1cDonne	u	14. MOTHER'S MAIDEN		n	
S. Was Decease Yes, no or unknow	d Ever in U. S. Armed Form	ces? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
No			213 03 5079A	Nora E. McI	Donnell 707 Be	nninghaus R	d.
OTHER SIGN TO THE DEAD TO THE	LEADING TO DEATH not meen the mode of , asthenia, etc. It means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if ne above couse (A) IG CONDITION last. ILLICANT CONDITIONS COLUMN CONDITION GIVEN IN PARFORM FOPERATION 198. CONWAS PERFORM CONTROL COURSE OF THE COURSE	dying, e.g., the disease, death.) ony, giving stoting the NTRIBUTING HE TERMINAL 1 1 (A). DITION FOR FORMED	(B)	A CONSEQUENCE OF: A CONSEQUENCE OF: 20A. AUTOPSY? (Yes of the consequence of the conseq	IN CERTIFYING CA	FINDINGS CONSIDE AUSES OF DEATH?	
DEATH (notif	y medical examiner)	etc.		mee slags, statoki occo	Ν.		
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED ILLE At At Work	e 🗖	NJURY OCCUR?		
22 1	v +ha+ (1) (+h:	1 .	Form	Maria	1969 to 11	Qui	1969
	y that (1) (\$ his hospital		2 May	10 69			(
) lost sow the deceose		0		nd that in (my) (rnian deoth occurr	ea on the dote
23A. SIGNAT	URE Hams AN'S Typel	iner	DEGREE Phy	Med. Director Director 23D. ADDRESS	Staff Phys.	23B. DATE SIGNED	
24A. BURIAL CR	William H.		M.D. DEGREE	6011 York Rd		City, town, or county)	(Stote)
Burial			w Cathedral Ce		Old Fred. Rd.		Md.
2SA. DATE REC'I	D BY HEALTH DEPT.		OF REGISTRAR	2SC, FUNERAL DIRE	стов	ADDR	
	TIN 1 8 1969	Jacons	E. Jarber, M.D.	Mitchell Wi	ledefeld Home	6500 York R	d.
VS 150-REV. 1/1	/6B						



VS 150-REV. 1/1/68



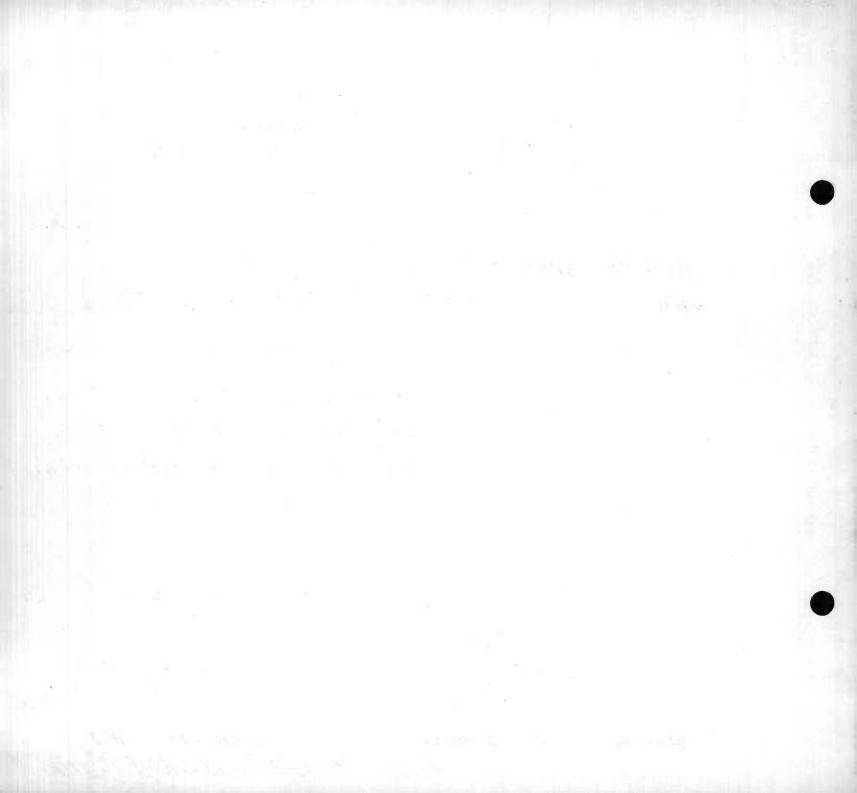




a hospital and

	68	0 04	A O BALTIMORE CITY	HEALTH DEPARTMENT		69 6149
	0)	9 61	CERTIFICA	TE OF DEATH	REG. NO	00 0140
BIRTH N			CERTIFICA			
1. NAM (Type or	Pont)			- 0	ND HOUR OF DEATH	60
(17)00 01	JAMES E	= . K	ELLER -	SK. JUN	E 12,19	69 9 1
3. PLAC	E IN BALTIMORE, MARYLAND, V	WHERE PRONC	DUNCED DEAD	4. USUAL RESIDENCE (WHA. STATE B. COU		stitution: residence before admission
FULL N HOSPIT	AL OR ADDRESS OR LOC	TAL OR INSTITUTE	TUTION, GIVE STREET	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
00	>			BALTO E. STREET AND NUMBER		YES NO NO
4	826 ORVILLE	AVE	-		ILLE A	VE
S. SEX	6. RACE	7. MAPPIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs Months! Doys Hours Min.
-	nw	WIDOWED		12/7/07	lost birthdoy)	Months Doys Hours Min.
	JAL OCCUPATION (Give kind of wor	KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY
one dur	ing most of working life, even if retired)	STAT	E ROADS	PA		USA
3. FATE	HER'S NAME			14. MOTHER'S MAIDEN NA	AME	
^						
A	MOREW KEL	LER		ANNIE M	AGARAL	THAN
5. Was	MOREW KEL Deceased Ever in U. S. Armed For unknown) (If yes, give war or dat	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
162,110	a a a	es of service/	SECURITY NO.	4.00.	=1. = 1	
18.	15		217-03-1400	MARIEK	FLLER	ABOUL
rise	EASES OR CONDITIONS, if to the obave couse (A)	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		2096
UN	DERLYING CONDITION last.		(c)			
10	II ER SIGNIFICANT CONDITIONS CO THE DEATH BUT NOT RELATED TO	THE TERMINAL				
	DATE OF OPERATION 198. COI		WHICH OPERATION	20A. AUTOPSY? (Yes or N	In) 208 IF YES WERE I	EINDINGS CONSIDERED
D 19A		REPORMED	WHICH OFERATION	Hi	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
U 21 A	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF	21 ho etc	me, form, foctory, street, of	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimor	e City, give exact location)
210	TIME (Month) (Doy) (Year)	(Ham) 21	E. INJURY OCCURRED	OLE HOW DID IN	LURY OCCURS	
	INJURY			21F. HOW DID IN	JURT OCCUR:	
< (AP	PROX.)		hile At Nat While ork At Work	e 🗌		
22	1 -35 -1 - 412/-1 - 1	1)			10 NT .	JANC 14 19 69
22.	I certify that (I) (this haspita	oi) offended	the deceased from		19 47 to	
tho	t (I) (***) lost sow the deceas	ed olive on.	80 0881 1 1 1 T T 81 81 W T 81 81 T T T T T T T T T T T T T T T T	19and t	hat in (my) (and opi	nion deoth accurred an the do
and	haur and from the couses sta	ted above	(I) (Wa) (did) (did)			
	STONATURE	1 0	(., (ion the body offer deoill	•	23B. DATE SIGNED
2374	Valla	Loon	med Atto	nding Med.	Shoff	, ,
-	Jesus (10)	auf	OEGREE Phys		Staff Phys.	6/11/69
23 C	PHYSICIAN'S NAME (Type)	11	1-	23D. ADDRESS	Charles DX	
	LESTER A.	WALL	JR DEGREE			
24A. BU RE	MOVAL (Specify)	110	AME of CEMETERY of CRE			ty, town, or county) (State)
5A D	SURIAL 6/16/	107 N	LORELAND.	5	BALTO.	MO.
	TE DEC'D BY HEALTH DEST			25C FILNERAL DIRECTO	D	ADDRECC
	JUN 1 8 1965		OF REGISTRAR	25C. FUNERAL DIRECTO	1-116	ADDRESS 300 M A
	REV. 1/1/6B			JUG. CONA	BELLY S	ADDRESS ONS 300 MAC

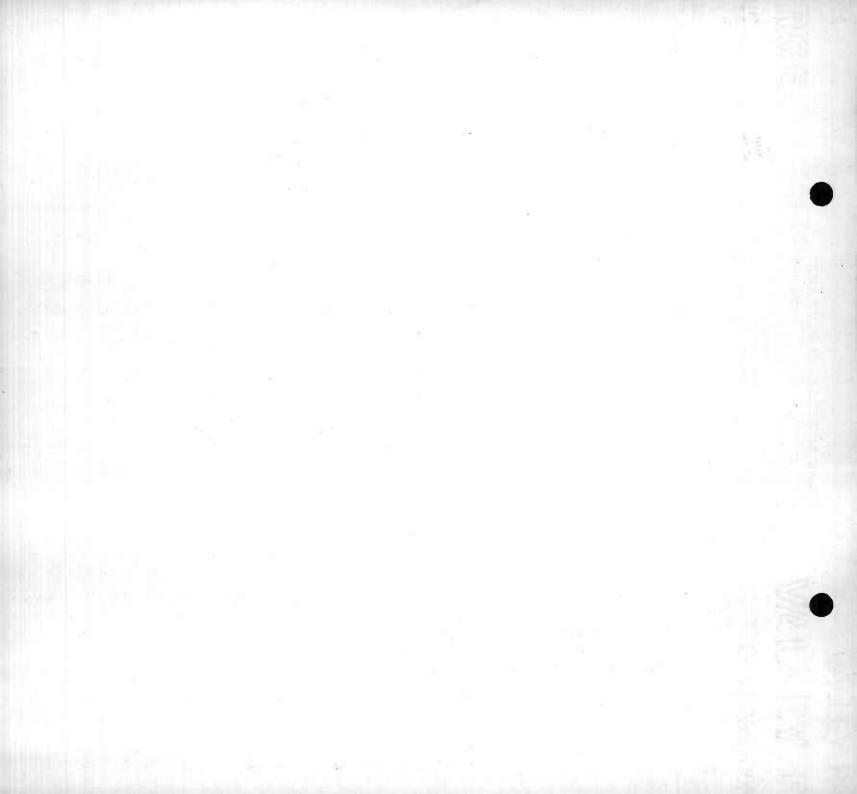
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2	113	65	9 615	CERTIFICA	TE OF DEAT	H REG. NO.	69 6	5150
1. NAM (Type o	E OF DECE	ASED S PA E	ETH.	FRAN		E AND HOUR OF DEATH	12	15 D.M.
3. PLA	CE IN BALT	IMORE MARYLAND, W	HERE PRONOUN	CED DEAD	A. STATE B. C	(Where deceased lived. If i	nstitution: residence	before admission)
FULL N	AME OF	(IF NOT IN HOSPITA	AL OR INSTITUT	ION, GIVE STREET	MARYLAND	BALTIMORE (5	3-00
HOSPIT	JTION BA	LTIMORE CITY			C. CITY OR TOWN	SEX D. INS	YES THE	NO X
2	49	40 EASTERN AV	VENUE		E. STREET AND NUMB 2 HELENA			
9	2	LTIMORE, MAR		#21224				If Hadas 24 Has
S. SEX		6. RACE WHITE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years tost birthdoy)	Months Doys	If Under 24 Hrs. Hours Min.
			WIDOWED	d temp	11-12-95		12. CITIZEN OF	WHAT COUNTRY?
done du	ring most ol w	rorking lile, even if retired)			NEW YORK		U	.S.A.
	HER'S NAM	ΛE.			14. MOTHER'S MAIDEN	NAME		
			FTH			>		
15. Wos	Deceosed	Ever in U. S. Armed For	ETH COS?	6. SOCIAL	17. INFORMANT		ADDRE	SS
		(If yes, give wor or dote	217-	32-9763A		TIMORE CITY HO		
18.	VK	0 1		CAUSE OF DEAT		ASTERN AVENUE		XIMATE INTERVAL
-	DISEAS	E OR CONDITION DI	RECTLY		1.0	- 1110		ONSET AND DEATH
/T1		LEADING TO DEATH	duine en	(A) IMMEDIATE CAL	JSE OF	EMIA	5	near the
he	ort foilure,	osthenio, etc. It meons	the disease,	DUE TO, OR AS	A CONSEQUENCE OF:		180	
ini		plicotian which coused NTECEDENT CAUSES		Clara	in Pucla	nephritis	5	CHI
DI		R CONDITIONS, if		(8) DUE TO, OR AS	A CONSEQUENCE OF:	18/0/////		
ris	e to the	obave couse (A)		(c) Opsti	octive U	ropothy	16	911
		11		(9)		- 0 /	10	
NO TO	HER SIGNIFI	CANT CONDITIONS CO	NTRIBUTING HE TERMINAL	Chroni	c Obstructiv	Aft/monory	MIENE.	15411
	EASE OR CO	ONDITION GIVEN IN PAR	RT 1 (A).	TICH OPERATION	20 A. AUTOPSY? (Yes	or No. 20B. IF YES, WERE	FINDINGS CONSIL	DERED
197 217)	WAS PER	FORMED		No	IN CERTIFYING CA	AUSES OF DEATH?	
OR	A. A C CIDEN	TING CAUSE OF	21 B. P.	LACE OF INJURY (e.g., form, foctory, sheet of	in a about 21 C. WHERE E	JR? (If In Boltimo	re City, give exact to	ocotion)
CAL	ATH (notify	medical examiner	etc.)					
MEDICAL 30 30 30	D. TIME INJURY	(Month) (Doy) (Year)		NJURY OCCURRED		D INJURY OCCUR?		
< (A)	PPROX.)		While	At Work	le 🗌			
22.	1 certify	that (i) (this hospita	l) attended the	deceased fram	5/8	1969 to	6//6	1969,
		last saw the decease		6/16		nd that in(my) (aur) ap	inian death accu	rred an the date
		-	ted above. (1)	(We) (did) (did nat)	view the bady after de	eath.		
23/	. SIGNATU	RE	willaga	Att	ending Med.	Shaff	23 B. DATE SIGNI	
000	BHYELEC	1	1	OF CAFE Phy	s. Director	Phys	6-16-	/
230	NAME (T)	/pe) ±	Ruis	11120110	23D. ADDRESS 4940	Eastern Avenue	Baltimore	21224
24A P	URIAL CREA	MATION, 248. DATE	11012-10	ME of CEMETERY OF CR	EMATORY 12	4D. LOCATION	City, town, or county	
R	EMOVAL (S	pecify)	1/29				116	
25A. D	ATE REC'D	BY HEALTH DEPT.	25B. NAME OF	REGISTRARY 7	25G. EUNERAL DE	STRACUSE	ADI	DRESS
	6	trin 1 8 1969	1 - 7 - 6	Jaben 4.0.	9/1/1	Mino Brenol	Ne FH) 3	20 Maco an
V\$ 150	-REV. 1/1/6	ANN TO 1202	300-51		7	1	1	



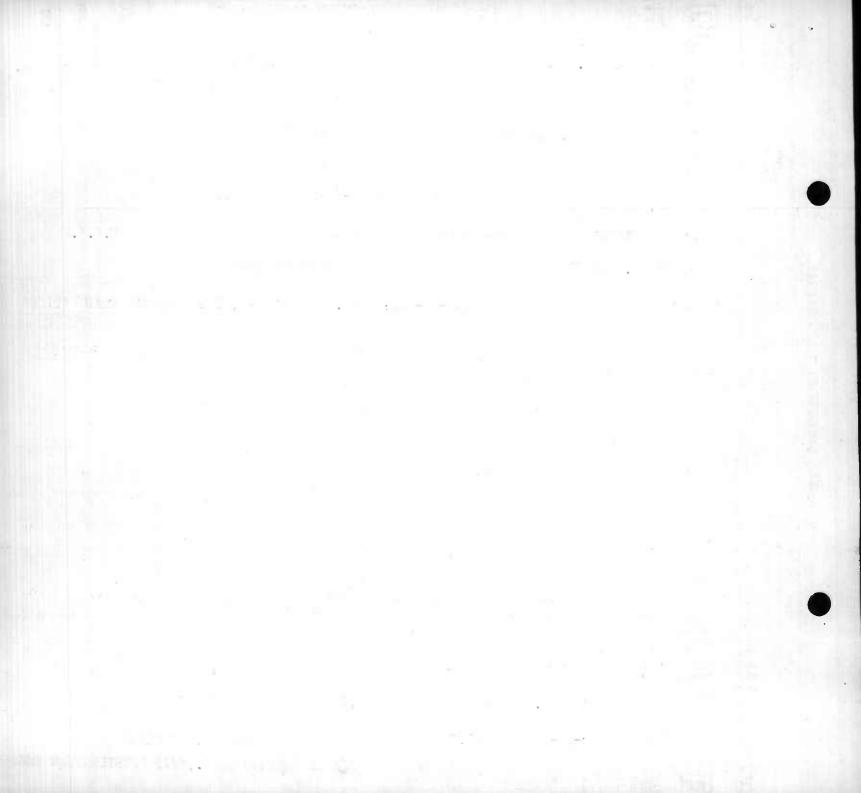
of there is not be the same again

BIRTH		b	9 615% CERTIFICA	ATE OF DEATH	REG. NO	69 6152
(Туре	ar Print)	anes W	oltagnes E. WO	LTER 6	6 69	13- P
FULL	LACE IN BALT L NAME OF SPITAL OR TUTION			Maryland c. City or town Baltimore	INTY	SIDE CITY LIMITS? YES NO NO NO NO NO NO NO NO
0	90	102 N. Pac		E. STREET AND NUMBER 406 S. Ann	Street	
	emale	White	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 10/19/05	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
done d		working life, even if retired)	Clothing	Maryland	reign country)	U.S.A.
	ATHER'S NAM		O. O Ulling	14. MOTHER'S MAIDEN N Anna Urb		0.0011.
S. Wo Yes, n	los Deceosed	Ever in U. S. Armed For	oces? 16. SOCIAL SECURITY NO.	17. INFORMANT	CHORI	ADDRESS
DICAL CERTIFICATION SI COLO S	This does not heart failure, injury or cam A DISEASES Of the UNDERLYING OTHER SIGNIFITO THE DEATH DISEASE OR CO. 194 DATE OF OR CONTRIBU DEATH (notify) 21 D. TIME	EE OR CONDITION DIL LEADING TO DEATH tot meen the mode of osthenio, etc. It meens application which caused ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION last. IL ICANT CONDITIONS CO H BUT NOT RELATED TO T ONDITION GIVEN IN PAR OPERATION 1985. CON WAS PER NT WAS UNDERLYING UTING CAUSE OF medical examiner) (Month) (Doy) (Year)	dying, e.g., the disease, death.) ony, giving stoting the (C). DUE TO, OR A DUE T	AUSE S A CONSEQUENCE OF: AS A CONSEQUENCE OF: A. AUTOPSY? (Yes or office bldg., INJURY OCCUR?	(If in Boltime	E FINDINGS CONSIDERED AUSES OF DEATH?
2 (4			While At Not Work At Wo	march 13	19 65 to Ac	ne 16 169
23		d from the causes sto	ted above. (I) (did not begree) DEGREE DE	thending Med. Director 23D. ADDRESS	Shaff the Strain	23B, DATE SIGNED City, tawn, or county) (State

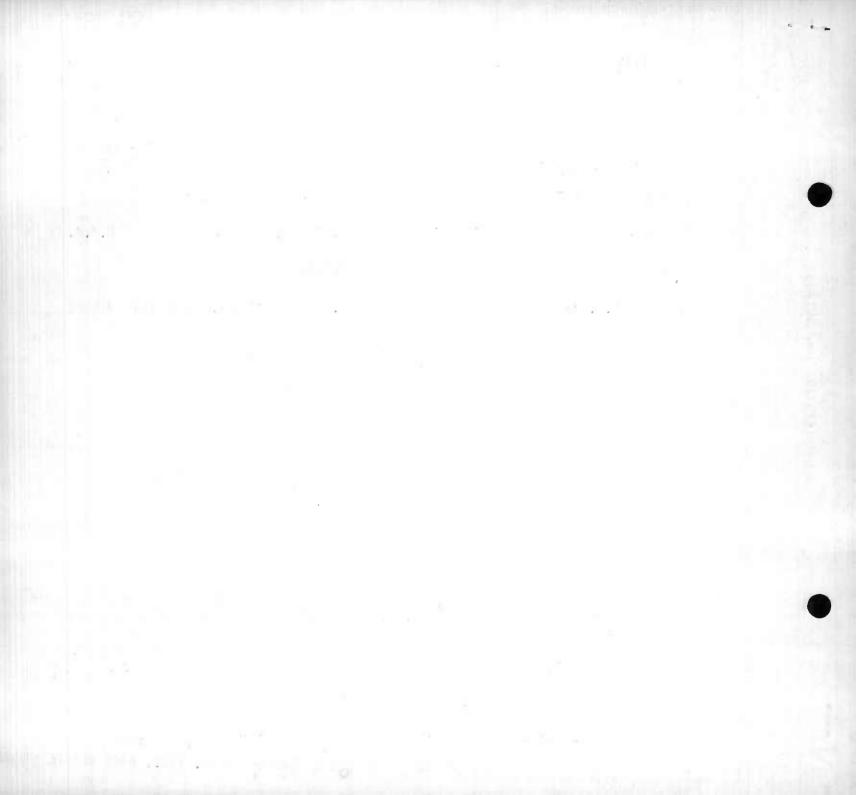
BALTIMORE CITY HEALTH DEPARTMENT



BALTIMORE CITY HEALTH DEPARTMENT 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission A. STATE B. COUNTY D. INSIDE CITY LIMITS? NO YES If Under 1 Yr. If Under 24 Hrs. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS MRS. RUTH SHAPOS. 5709 OAKSHIRE ROAD #21209 BETWEEN ONSET AND DEATH 5 moum 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) and that in (my) (our) opinion death occurred on the date 23B. DATE SIGNED written approval (City, tawn, or county) BALTIMORE. MARYLAND ADDRESS SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD 3 VS 150-REV. 1/1/68



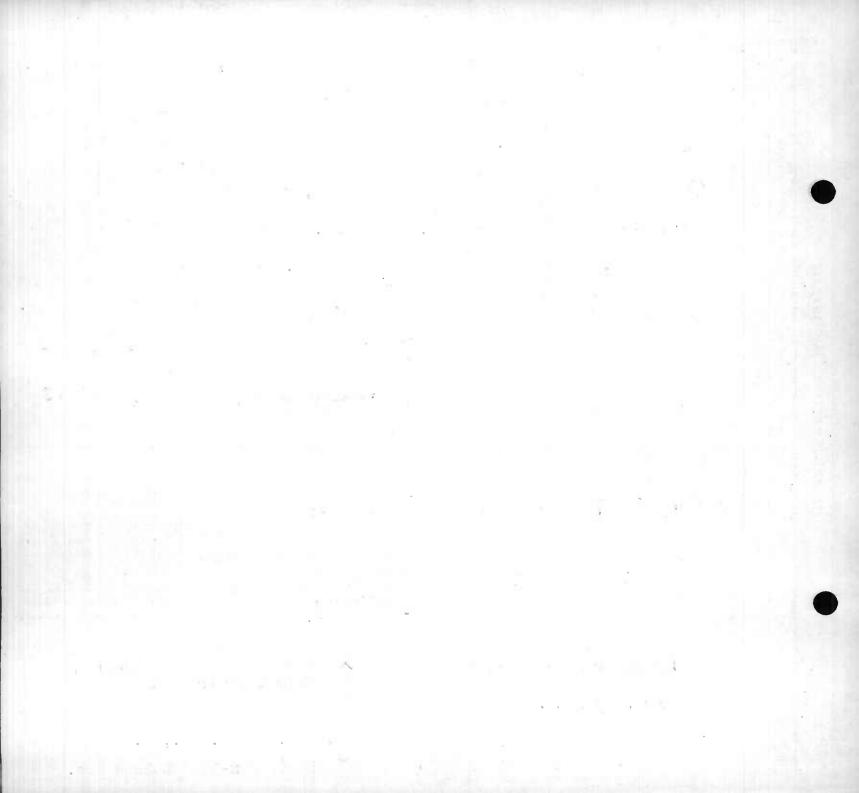
0-1	BALTIMORE CITY	HEALTH DEPARTMENT		00 01
5-635 69 6	CERTIFICA	TE OF DEATH	REG. NO	69 6154
1. NAME OF DECEASED (Type or Print) Albert Cords	^	2. DATE AND	HOUR OF DEATH	4 es pm
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRE	NOUNCED DEAD	4. USUAL RESIDENCE (Where		stitution: residence before admission)
FULL NAME OF HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	C. CITY OR TOWN		DE CITY LIMITS? YES NO NO
425 ina: Hospital		E. STREET AND NUMBER 2707	wher	Ane
S. SEX 6. RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH	AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
MALE WHITE WIDOW	WED DIVORCED	2/14/19	50	
10A. USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working tife, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?
	STATION	BALTIMORE, MARS	LAND	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
JOHN GORDON		SHIRLEY		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of serv	16. SOCIAL	17. INFORMANT		ADDRESS
	SECURITY NO.	Upo CVIIITA CON	0011 0707 11	ULTO AUTUUT
YES W.W. II NAVY	CAUSE OF DEATH	MRS. SYLVIA GORI	JON, 2707 U	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, heart foilure, osthenio, etc. II means the dise injury or complication which coused death.) ANTECEDENT CAUSES	e.g., (A) IMMEDIATE CAU ose, DUE TO, OR AS	ISE Multiple M	ye lomn	2 gd T
DISEASES OR CONDITIONS, if ony, ginse to the obove couse (A) stoling UNDERLYING CONDITION lost.	· mg	A CONSEQUENCE OF:		
O THER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMINATE OF T				
19A-DATE OF OPERATION 198, CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID	(If in Boltimore	e City, give exect location)
21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED While At Not While Work Not Work		RY OCCUR?	/
22. I certify that (I) (this haspital) attend that (I) (we) last saw the deceased alive and haur and fram the causes stated above	an 6/16	19 69 and tha	9ta t in(my) (aur) apid	nian death accurred an the date
23A. SIGNATURE 23A. PHYSICIAN'S	DEGREE Phys	nding Med. S s. Director P	to haff.	L / L (69
NAME (Type)	len oegree	SinA: H	ospitaL	
REMOVAL (Specify)	C. NAME of CEMETERY OF CRE		4	ity, town, or county) (Slote)
	BNAI ISRAEL ME OF REGISTRAR AGE EN JOURNAL	25C FILNERAL DIRECTOR	TIMORE, MAR BROS. INC.	, 6010 REISTERSTOWN ROAD
JUN 18 1969 3 44 VS 150-REV. 1/1/68	0000 01	10- 2- 10- 11-		KUAU



00 0100	ATE OF DEATH REG. NO. 69 61.55
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print) Jasephine Beckman	2. DATE AND HOUR OF DEATH (-15-69 4-4
3. PLACE IN ALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. Il institution: lesidendo beforo admission. A. STATE 8. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	CITY OF TOWN, D. INSIDE CITY LIMITS?
37 Mesey Laspetal	E. STREET AND NUMBER
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	12-21-88 loss biethdoy) Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST done during most of working life, even if refired) AT HOME	11. BIRTHPLACE (State or loreign country)
13. FATHER'S NAME JOHN BECKNAN	14. MOTHER'S MAIDEN NAME (N:/he/min) A BUTEFELD
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) Ul yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
NO 220-46-402	16 MISS ANNE ENGERS- YMY PARISSIDE DI
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE OF DE	The Sill Sill Dear St. A BETWEEN ONSET AND DEATH
	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES (B)	USHIVE Heart, Failure,
DISEASES OR CONDITIONS, if ony, giving rise to the obave cause (A) stoling the UNDERLYING CONDITION last.	as a consequence of associated to Mon Representations
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 199A-DATE OF OPERATION 199B CONDITION FOR WHICH OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING TO 121B PLACE OF INJURY (6).	20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	office bldg. INJURY OCCUR? (If In Soltimore City, give exact location)
21D-TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED While At Not Work At Work	21F. HOW DID INJURY OCCUR?
22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive an	19 67 ta
and haur and fram the causes stated obave. (West (ald) (did not	
DEGREE	Attending Med. Staff Phys. Director Phys. 23B, DATE/SIGNED
MANVELA M. RIBETRO, M.D.	23D. ADDRESS
24A. BURIAL CREMATION, REMOVAL (Specily) 24B. DATE 24C. NAME OF CEMETERY OF	CREMATORY 24D. LOCATION (City, town, or county) (Stole)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTORS ADDRESS
VS 150-REV, 1/1/68 JUN 1 8 1969	USERRY FUNERAL HOME -41210 BELLIA

The account of the second March March MINISTER FRANKS

	6	9 615	6	TE OF DEATH	REG. NO.	69 6156
BIRTH NO.		0 020	CERTIFICA	TE OF DEATH		73.0
NAME OF DEC					ND HOUR OF DEATH	
U	oseph Verr				16, 1969	10:55 A.M
3. PLACE IN BAI	LTIMORE, MARYLAND,	WHERE PRONOU	NCED DEAD	A. STATE B. COU	NTY	nstitution: residence belorg admission)
ULL NAME OF	(IF NOT IN HOSE	TAL OR INSTITU	TION, GIVE STREET	Md.		13.48
OSPITAL OR	ADDRESS OR LO	CATION)		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
0 31.0	0 M 30 3	3 0		Baltimore		YES NO NO
0 140	8 Medfield	Ave.		E. STREET AND NUMBER	2.7. 4	
SEX		1-		1408 Medfi		
	6. RACE	_	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost, birthday)	If Under 1 Yr. Il Under 24 Hrs Months Doys Hours Min.
Male	White	WIDOWED	DIVORCED	June 9,1922	41	
	working lile, even if retired		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY
Electr	ician	Kaiser	Alum.	Md.		USA
FATHER'S NA	ME			14. MOTHER'S MAIDEN NA	ME	
Joh	n F. Simms	3		Mary P. Sh	orter	
. Was Deceased	Ever in U. S. Armed I	Forces?	6. SOCIAL	17. INFORMANT		ADDRESS
Yes	(II yes, give wor or d	ores of service)	SECURITY NO.	Mara Taramatia	93 mm a 31.0	Q Mades - 2 a A
1B.	WW LL		CAUSE OF DEAT		21mms-140)8 Medfield Ave.
OTHER SIGNI TO THE DEA DISEASE OR O	e obave couse (A G CONDITION lost, II FICANT CONDITIONS C TH BUT NOT RELATED TO CONDITION GIVEN IN P	ONTRIBUTING THE TERMINAL ART 1 (A).	(c)	120		
19A. DATE OF	P OPERATION 198. CO	ERFORMED	HICH OPERATION	20 A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDE	NT WAS UNDERLYING	218	PLACE OF INITIDY (a.a.	n or obout 21 C. WHERE DID	(If in Ratains	re City, give exact location)
DEATH (notify	TING CAUSE OF medical examiner	home etc.)	, larm, loctory, street, o	fice bldg., INJURY OCCUR?	ןנד וח סטווואס	re Chy, give exact location)
21 D. TIME OF INJURY	(Month) (Day) (Yes	or) (Hour) 21 E.	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.)		Whill		e 🔲		
22. I certify	that (1) (this hasnis		e deceased fram A	pril 26,	1967 to In	ine 16. 19.69
	last saw the decea			/ /		inian death occurred an the do
				to account the continue of		iman death accurred an the do
and hour an		rored obave. (I)	(πe) (did) (did not) v	iew the bady ofter death.		23 B, DATE SIGNED
16	1 5 7	Mach	m.D. Alle	ending Med.	Staff	1111/19
23C. PHY 3CI	W. 1. 1	recu,		23D. ADDRESS Medical	Shaff Phys.	0110101
NAME (ilding
	F. Mech, M.I		DEGREE	3350 Wilkens		
REMOVAL	Specily) 248. DATE	24C. NA	ME of CEMETERY of CRI	MATORY 24D.	LOCATION	ity, town, or county) (State)
Burial	6/20/	69 Dul	aney Valley	Mem.Gard B	alto. Co	Md.
SA. DATE REC'D	BYTHEATTH SHOE	258. NAME Q	RECHETPAR	255 FUNERAL DIRECTO	3	ADDRESS
	SOUT O 190	0.000		Ann Donova	n x -3818 F	Roland Ave.
150 DEV 1/1	'4 B &	-				



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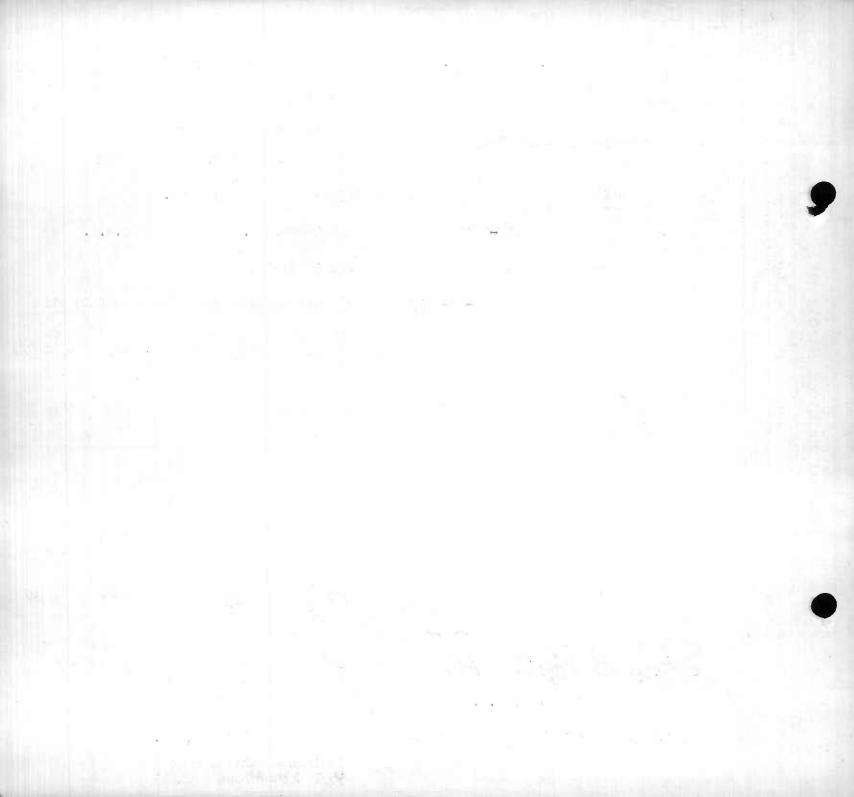
69 6157 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH	REG. N
---	--------

BIRTH NO.		ME			AMINER'S			DEAT	H REG. NO.	69	615	7
. NAME OF DEC	EASED	BENN	IE NA	ANCE		2. DATE OF DEATH	Known Estimoted	Manth	Day	Yeor	Haur	
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FOR INSTITUTION						3. DATE PRONO	UNCED DEAD	Month June	Doy 13,	Yeor 1969	8:30	
OO	836 F	East P	restor	n St	reet	5. USUAL R A. STATE	ESIDENCE (When		B. COUNTY	residence b	efore admiss	(on)
SEX	7. RACE				NEVER MARRIED	C. CITY OF			D. INSIDE CIT	Y LIMITS?		
Male	Negr	0	WIDOW		. —		Baltimor	e	VE	s K	NO	
6-5-1894	H	10. AGE (last birthd	In years	If Und	der 1 Yr. If Under 24 Hrs. s; Days; Haurs; Min.	E. STREET	AND NUMBER				10 23	
1. BIRTHPLACE (S	•	75		12. CI	TIZEN OF	13. FATHER	836 East	Presto	on Stree	C		
South Ca		,		W	HAT COUNTRY?	unk.						
4A.USUAL OCCU	PATION (Giv				USINESS OR INDUSTRY		R'S MAIDEN NA	ME				
ane during mast of v Laborer	vorking lite, ev	en itrefired)	McCan	ts	Const. Co.	unk.						
6. WAS DECEAS	ED EVER IN	U.S. ARME	D FORCES	5?	17. SOCIAL		MANT 1315	Valley	St 21.58	DRESS		
(es, na or unknown)	(if yes, give v	var or dates	of service	'	SECURITY NO.		el Holmes	· alley	DC. 212(, _		
19.412	Lh.				CAUSE OF DEA		T HOTHICS				PROXIMATE INT	
INJURY OF COMMENTS OF THE POPULATION OF T	, asthenia, etc nplication white NTECEDENT OF CONDITI E ABOVE CA NG CONDITE IIIFICANT COI ATH BUT NOT CONDITION	CAUSES ONS, IF AN USE (A) STA ION LAST. II NDITIONS C	IY, GIVING ATING THE CONTRIBUT OTHE TERM	ING INAL	(B)(C)	AS A CONSE	QUENCE OF:					
					VHICH OPERATION WA	AS PERFORM	MED			21. AUTO	PSY? (Yes or	Na)
											No	
UNDERLYING UTING CA	USE OF DEA	TRIB-		hame,	ACE OF INJURY(e.g., farm, factory, street, office	e bldg., etc.)	22C. WHERE DID NJURY OCCUR? 22F. HOW DID IN			et lacatian)		
ACTUAL SIGNATI EXAMIN NAME (1	ER'S Ch	latural ca	Ses X	Ac	Inspection Aucident Suicident Suicident M.D.	ASS ASS	omicide CHIEF MEDICAL ISTANT MEDICAL DCIATE MEDICAL	Undetermi EXAMINER EXAMINER		apinian ine 14		
Burial (Speci	fy)	6-16-1		M	t. Calvary C	emeter	y A	.A. Co.	, Maryla	and		
25A. DATE REC'D	JUN 1	8 196	- 3	jesty	E. Jaben M.D.		rshall W.	1/3.	Harfor, Jr.	d Ave.	21213	
S 151-REV. 1/1/68	3		1 7	165		0		1				

Base are a latter was come by by a construction.

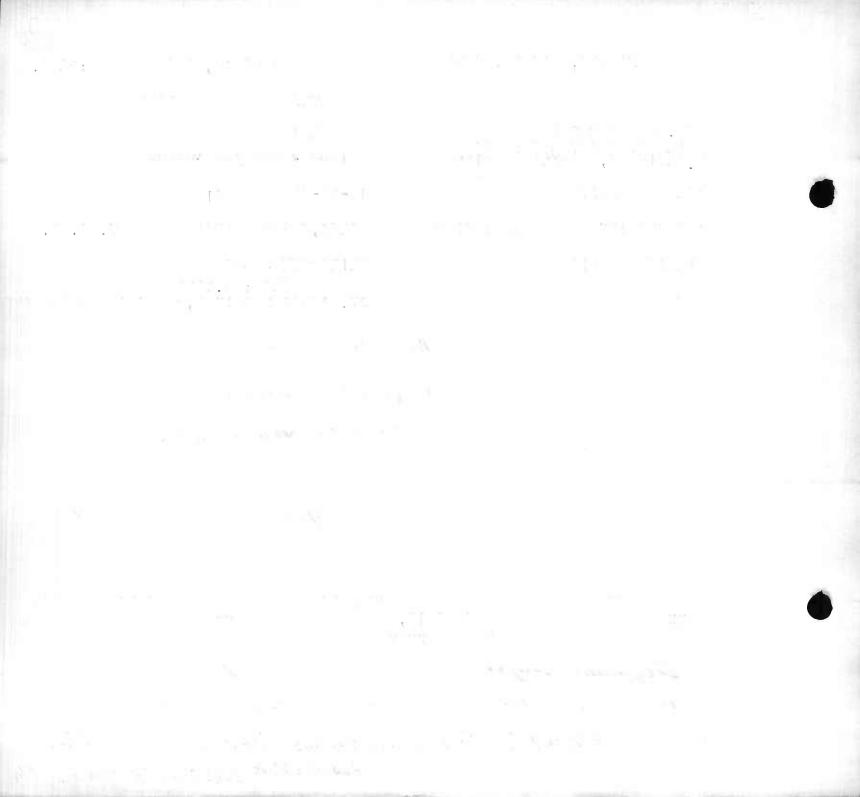
	69 6	BALTIMORE CITY	HEALTH DEPARTMENT		00 0450
A CONTURNO	03 6	158 CERTIFICA	TE OF DEATH	REG. NO	69 6158
BIRTH NO. 1, NAME OF DECEASED				AND HOUR OF DEATH	
/T D.1 - 4	EPHEN L. MALT	ESE SR.		June 14, 1969	9 1 ^^
3. PLACE IN BALTIMORE, A			4. USUAL RESIDENCE (W	here deceased lived. If in	nstitution: residence befare odmission)
FULL NAME OF (IF N		STITUTION, GIVE STREET	Maryland C. CITY OR TOWN		IDE CITY EIMITS?
INSTITUTION			Baltimore		YES X NO
44 Union Me	emorial Hospi	tal	E. STREET AND NUMBER		
/ /			116 South H	ighland Aven	ue 21224
5. SEX 6. RACE	7. MARI	NEVER MARRIED	8. DATE OF BIRTH	9, AGE (In years	If Under 1 Yr. If Under 24 Hrs.
male whit		VED DIVORCED	1/31/20	lost birthdoy	Months Doys Hours Min.
		OF BUSINESS OR INDUSTRY		4/ /	12, CITIZEN OF WHAT COUNTRY
done during most of working life	, even if retired)				
Produce	Self	PEmployeed	Baltimore, M		U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME	
Joseph Maltese	9		Jennie Nocie	etra	
5. Was Deceased Ever in U	. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		dress Above
(Yes, no ar unknawn) (It yes, g	ive war ar dates of serv	21 2-14-2233	Juliatte Malt	Add	mbruschini) wife
18.		CAUSE OF DEAT		ese (Hee OTM	APPROXIMATE INTERVAL
UNDERLYING CONDI	cause (A) slating TION lost, II NOITIONS CONTRIBUTI	(c)			
▼ DISEASE OR CONDITION	GIVEN IN PART 1 (A).	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
OR CONTRIBUTING DEATH (notify medical		21B. PLACE OF INJURY (e.g., home, form, foctory, street, o	in or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If In Boltimo	re City, give exoct locotion
	(Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21 F. HOW DID	NJURY OCCUR?	
OF INJURY (APPROX.)		While At Not While Work At Work			. 1
22. I certify that (1)	(this hospital) attend	ed the deceased from	12/8	1958 to	6/14 19 69
that (1) (we) last sov	the deceased olive	an /2/11	19 68 and	that In(my) (aur) ap	Inian deoth occurred on the dat
and have and from th	e causes stated abov	e. (1) (We) (did not)	view the body ofter deat	h.	
23A. SIGNATURE) 1/0	110			23B, DATE SIGNED
mus !	- Kapla	M) DEGREE Ath	ending Med. pirector	Staff Phys.	6/11/69
23C. PHYSICIAN'S NAME (Type)	rvin Kaplan N		23D. ADDRESS 129 South Br	oadway	
24A. BURIAL CREMATION,	-	C. NAME of CEMETERY OF CR			ity, town, or county) (State)
REMOVAL (Specify) Burial	6/18/69	Holy Redeemer Co		Baltimore, Md	
25A. DATE REC'D BY HEAL		ME OF REGISTRAR	25C. FUNERAL DIRECT	OR	ADDRESS
TT.	N 1 8 1969 3	Both E Halber M.	Schimunek 9331 Brehm	Juneral Home	3



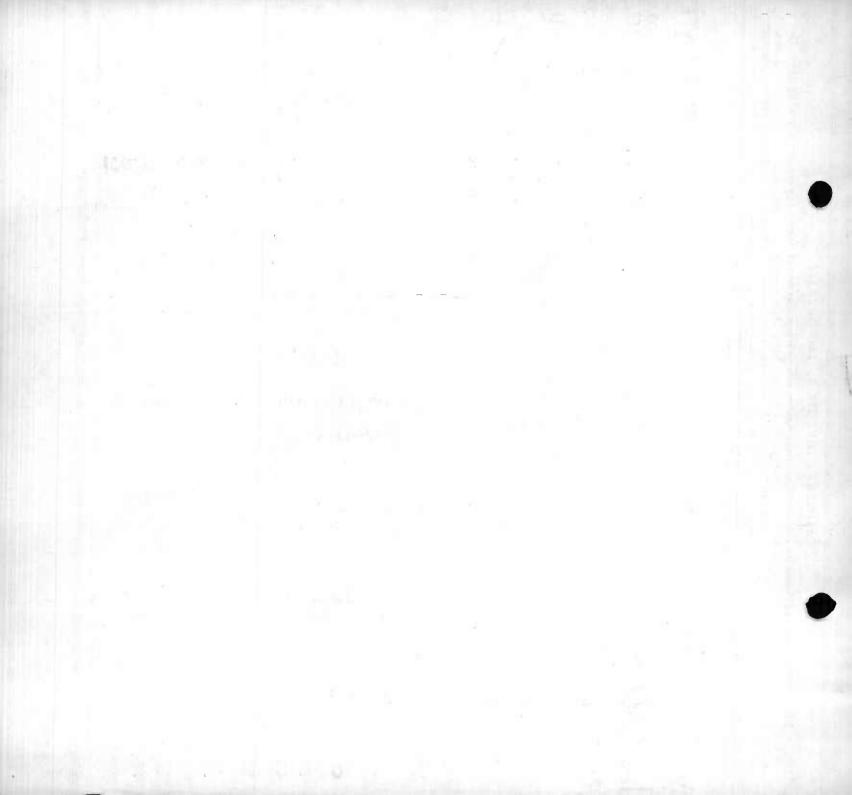
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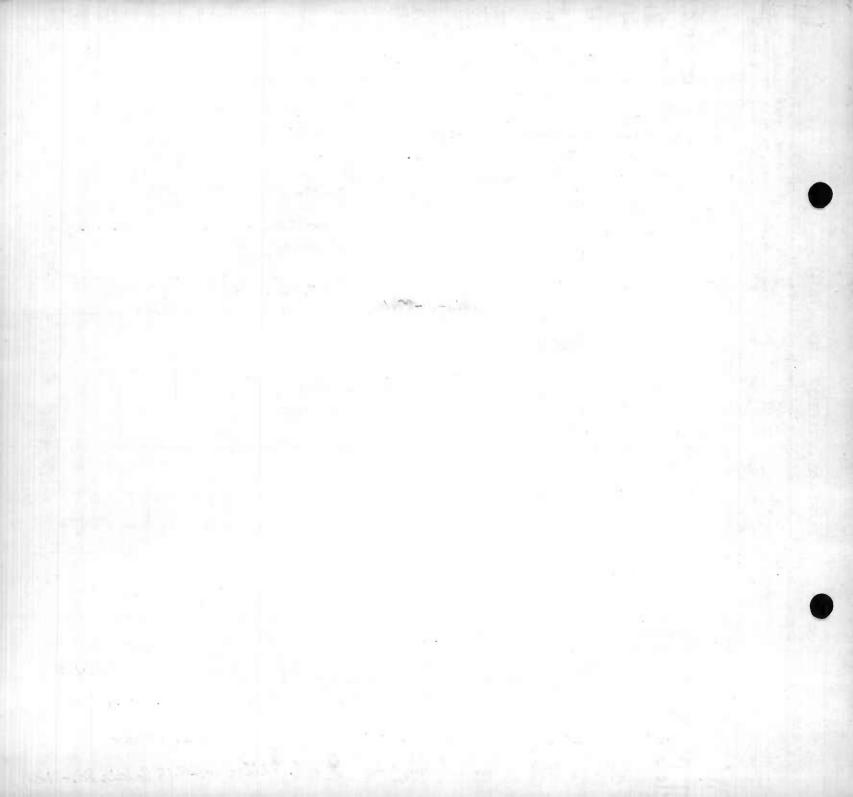
	6	9 615	BALTIMORE CIT	Y HEALTH DEPARTMENT		CO	0450
BIRTH NO.			CERTIFICA	TE OF DEATH	REG. NO	03	6159
1. NAME OF D (Type or Print)	Condone	George E	dward		ND HOUR OF DEATH		3:25 P
CERT HOSPITAL OR	ALTIMORE, MARYLAND IFICATI ADDRESS OR L		ENDED	4. USUAL RESIDENCE (Wh.	ere deceased lived. Il in	stitution: residen	nce before admission
HOSPITAL OR	eterans Adm			C. CITY OR TOWN	D. INS	IDE CITY LIMITS	?
23:	3900 Loch Ra	ven Blvd.		E. STREET AND NUMBER		YES X	NO 🗌
I	Baltimore, M	aryland 2	1218	2816 Harveiw	Ave.		
5. SEX Male	6. RACE White	WIDOWED		8. DATE OF BIRTH	9. AGE (in years last birthdoy)	If Under 1 Ye Months Doys	If Under 24 Hrs Hours Mine
done during most of Policems	WALLING THE GARD IT LOUD	ed)	F BUSINESS OR INDUSTRY Enforcement	11. BIRTHPLACE (Stote or fore	eign country)		DEWHAT COUNTR
13. FATHER'S NA	AME			14. MOTHER'S MAIDEN NA	ME		
William	n Sanders			Mary Krug			
15. Wos Decease (Yes, no or unknow Yes	d Ever in U. S. Armed m) (If yes, give wor er 8/19/15-9	dotes of servicel	16. SOCIAL SECURITY NO.	17. INFORMAN Veterar Baltimore, Me			RESS
18.) bs#21	2-38-0916	CAUSE OF DEAT		tytam elel		ROXIMATE INTERVAL
DISEA	ASE OR CONDITION	DIRECTLY				BETWE	EN ONSET AND DEAT
(This does	LEADING TO DEA		(A)IMMEDIATE CAL	ISE RETICULUM CEI	L SARCOMA		
heart tailure	not mean the mode , asthenio, etc. It med	one the diseases	/· /	A CONSEQUENCE OF:			***************************************
injury of co	mplication which cou	sed death.)		-			
DISEASES	ANTECEDENT CAUS		(B)				
nise to t	OR CONDITIONS, in a course (,) is conditional last.	it any, giving A) stating the	(c)	A CONSEQUENCE OF:			
	11		(6)				
E ITO THE DEA	FICANT CONDITIONS	O THE TERMINAL					
DISEASE OR	CONDITION GIVEN IN I	PART 1 (A).	WHICH OPERATION	20A. AUTOPSY? (Yes or No	W 20B II 910 MILES		
19A. DATE O	WAS I	ERFORMED		NO NO	IN CERTIFYING CAL	JSES OF DEATH	SIDERED 1?
. OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF y medicol exomined		e form foctory, street of	or obout 21C. WHERE DID	(If In Boltimore	e City, give exact	l location)
21D.TIME	(Month) (Doy) (Ye		INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
(APPROX)		Whi	ile At Not While	l l			
22. I certify	that (this hospi		he deceased from Ma	22 20	10 60 Town	45	16
that (1) (we	last saw the deced	sed alive on	Jime 15	10 60	19 69 to June	1.75	19 69
	•			19 69 and the	or in track) (ant) ablu	non death occ	orred an the date
23A. SIGNAT	URE /	1 -		iem the body diter death.		23B, DATE SIGN	VED
1	B. Mw	cay.	M_D 3 Affer	nding Med.	Shaff Phys.	_	
23C. PHYSICIA NAME (Vishnu B.	Mulay M	OEGREE Phys	Director L 3D. ADDRESS Veterans Hosp			5, 1969
		24C, NA	OEGREE				4m) (5a-a-1
Buria	Specify)					y, lown, or count	ty) (Stote)
	BY HEALTH DEPT.	25B NAME O	Ltimore, Natil	Cemetery B:	altimore C	ity Md	
	JUN 1 8 19		SE. Jaber M.D.	Lessahn dune	al Home 710		Pond
/S 150-REV. 1/1/		4.0				THOT GITI.	wau

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51	4-31-49	U-5au 69 6161 BALTIMORE CITY HEALTH	
C		BIRTH NO. CERTIFICATE OF	DEATH X REG. NO. 69 6161
0.	death death n the Sucl	1.NAME OF DECEASED	2. DATE AND HOUR OF DEATH
	of death Deceased e on the	(Type or Print) Marxier Le Unkelbach	6/16/69 /- PM.
	of of	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL A. STATE	RESIDENCE (Where decéased lived, If institution: residence before admission) B. COUNTY
	a hospital cause of c se; (5) Decendance of to death.	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION GIVE STREET C. CITY O	R TOWN D. INSIDE CITY LIMITS?
	CC	BALTIMORE CITY HOSPITALS	YES NOT
	ting d ca d ca prior	4740 EASTERN AVENUE	AND NUMBER
	de de de		SOUTH TAYLOR AVENUE #2123
	76 5 7 0 0	S. SEX O. HACE Y. MARRIED NEVER MARRIED	9 9, AGE (In yeors Il Under Yr. If Under 24 Hrs. Months Doys Hours Min.
	occontraction of the contraction	TEMENT WILLIE WIDOWED DIVORCED ON NO.	07.00
	Too to	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHF done during most of working life, even if retired)	
	if deat irect or (4) Unde was ir the de ispositio	Housewife Bali	timore, Maryland USA ER'S MAIDEN NAME
	os os	13. FATHER'S NAME	
-	- 5 4 de i	Francis J. Randall	Catherine Himmel
Z	ath de la de	13. Was Deceased Ever in U. S. Armed Porces: 10. SOCIAL 17. INFOR	
1	ssist the the de de nnce fina		ECORDS: 4940 EASTERN AVENUE
ORTA	B + 200 L		DRE, MARYTAND #21221
P	N O O E	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
3	Also Also e of noun atte	LEADING TO DEATH	Erebrul edema 19 days
••	50 - B	heart failure, asthenia, etc. It means the disease,	JENCE OF:
OR	act act branch		
H	eg e	ANTECEDENT CAUSES (B) MULTIPLE	Cetebro Ruscular accidents
REC	exa exa 3) A 3) A	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSECUTION OF THE DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSECUTION OF THE DISEASES OR CONDITIONS.	MARCAD
		UNDERLYING CONDITION IOSI. (C) hypertrust	W 145CVD
٥	medical burns; hysicia In was remain	Z CHISTONIA DA CONTRIBUTING	
A	med med bu phy an	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL O DISEASE OR CONDITION GIVEN IN PART 1 (A).	
UNER	dy dy he he	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. A	UTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
Z	S Bo	EVACOUATE VIINCIA VIII	••
F	the all by (2) lere o ph	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., I	1C. WHERE DID NJURY OCCUR? (If in Boltimore City, give exact location)
	why who	0	P.F. HOW DID INJURY OCCUR?
	00 os	OF INJURY While At Not While	THE HOW DID INJURY OCCUR!
	ce h	Work At Work	1 19
	the any (exc		
	5 4 - E 3 ed	that (1) (we) last saw the deceased alive an JUNE 10 191	
	4\ _	and haur and fram the causes stated abave. (1)(We) (did) (did nat) view the b	
	must be eleased ccident a hospit to deat al must	23A. SIGNATURE	Med. Shaff D
	E C C E		Director Phys. —
	certificate moody was released. D.O.A. at a lassed prior to	23C. PHYSICIAN'S NAME TROPO A	4940 EASTERN AVENUE
	A A P	24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY of CREMATORY	MORE, MARYTAND #21.22); [240. LOCATION (Gity, town, or county) (Stote)
	- S O I	Burial 6/20/60 Oak Lawn Cemetery 258. NAME OF REGISTRAR CEMETERY 2525. FI	UNERAL DIRECTOR Maryland ADDRESS
	the bod shows: was D.C decease	25A. DATE REC'D BY HIALTH BEI 369 25B. NAME OF REGISTRAN COMMENTED 125E. F.	A. Donar, Inc. 3000 E. Baltimore St.
		VS 150-REV. 1/1/68	- 4. La many office Jood (. Laccomorte St.





1

Maria de la Carta del Carta de la Carta de

VS 151-REV. 1/1/6B

BIRTH NO.	MED	ICAL		MINER'S			OF DEAT	H REG. N	69	6164
I. NAME OF DEC	CEASED GRACE	MERS	ON		2. DATE OF	Knawn Estimated		Day 15,	1969	2:02 A.M
4. PLACE IN BAL	TIMORE, MARYLAND, V	VHERE PE	ONOUN	CED DEAD	3. DATE	2311110101	Month	Doy	Year	Hour Hour
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT,	AL OR INS	TITUTION,	GIVE STREET		UNCED DEA	June	15,	1969	2:02 A.M
42	Sinai Hosp	ital			A. STATE	Mary1		B. COUNT		before admission)
6. SEX	7. RACE	B. MARR	IED 🖾 N	EVER MARRIED	C. CITY OF	TOWN		D. INSIDE	CITY LIMITS?	
Fema1e	White	WIDOV	VED 🗌	DIVORCED		Balti	more		YES X	NO 🗌
9. DATE OF BIRT	last hiethda			Yr. If Under 24 Hrs. Days , Haurs , Min.	E. STREET	AND NUMB	ER			
Nov.13,	1926	0x42				1502	Cox Stree	t 212	211	
11. BIRTHPLACE (State or foreign cauntry)		12. CITIZ WHA	EN OF LCOUNTRY?	13. FATHER		Lyons			
14A.USUAL OCCU	IPATION (Give kind of work	14B. KIND						_		
done during most of v	warking life, even if retired)				To	abel	nogg			
16. WAS DECEAS	ED EVER IN U.S. ARMEI	FORCES	3? 17.	SOCIAL	1B. INFOR		01.022		ADDRESS	
(Yes no or unknown	(If yes, give war ar dates	of service		SECURITY NO. 6-16-5196	Mars	rin C 1	Mather J	n -81	OTO Wa	llace Rd.
19.	-, 0 ,	-	1	CAUSE OF DEA		111 0	ita offici	1 . (//		PPROXIMATE INTERVAL
5	1041								BETV	VEEN ONSET AND DEATH
	E OR CONDITION DIRE	CTLY	- 7		367	43-1-1				
	iat mean the made of dy	ing, e.g.,		(A) IMMEDIATE C			blunt inj	uries		*******************
heart failure	, asthenia, etc. It means the inplication which coused de	disease,		DOL 10, OK /	A CONSEC	ROLINCE OF.				
DISEASES OF THE UNDERLYIN	NTECEDENT CAUSES OR CONDITIONS, IF AN' E ABOVE CAUSE (A) STA NG CONDITION LAST.			(B) DUE TO, OR	AS A CONSE	QUENCE OF:				
TO THE DEADISE ASE OR	AIFICANT CONDITIONS C ATH BUT NOT RELATED TO CONDITION GIVEN IN P	THE TERM	INAL							
20A. DATE OF	F OPERATION 208. CO	NOITION	FOR WHI	CH OPERATION WA	AS PERFORM	MED				PSY? (Yes or No) Yes
UNDERLYING UTING CA	NAL CAUSE WAS CONTRIB- LUSE OF DEATH. (Month) (Day) (Yea 6-15-69	r) (Hou		E OF INJURY(e.g., n, factory, street, office Street JURY OCCURRED AT NOT	FIB	ulter l	DID (If in Baltiman UR? Rd. near (ID INJURY OCCU	Sacred IR?	exact locotion)	Lane 53
23.	rify that I held an I	_	7		tapsy X					181011
				Two series			an this basis,			
resul	ted fram: Natural cau	ses H	Accid	ent X Suicid		amicide 🔲	Undetermin	red manne	er 🔲	
ACTUAL SIGNAT	- LL.	1.	1	Tal M.D	ASS		CAL EXAMINER CAL EXAMINER			DATE SIGNED
EXAMIN NAME (1	01101100	S. Sp:	ringal	te, M.D.	ASSO	OCIATE MEDI	CAL EXAMINER		June 15	, 1969
24A. BURIAL CRE			24C. N	AME of CEMETERY	or CREMATO	ORY	24D. LOCATION	(City, 1	lown, or county) (Stote)
Burial		69	Pop	lar Grove	e Ceme	tery	Balto.	Co.	,Md.	
25A. DATE REC'D	BY HEALTH DEPT.	25B. N	AME OF	REGISTRAR	25C.	FUNERAL DI			ADDRESS	
	JUN 1 8 196	9 3	Buf E	Failer A.	00 An	n Dog	ovan -38	18 R	oland A	Ave.

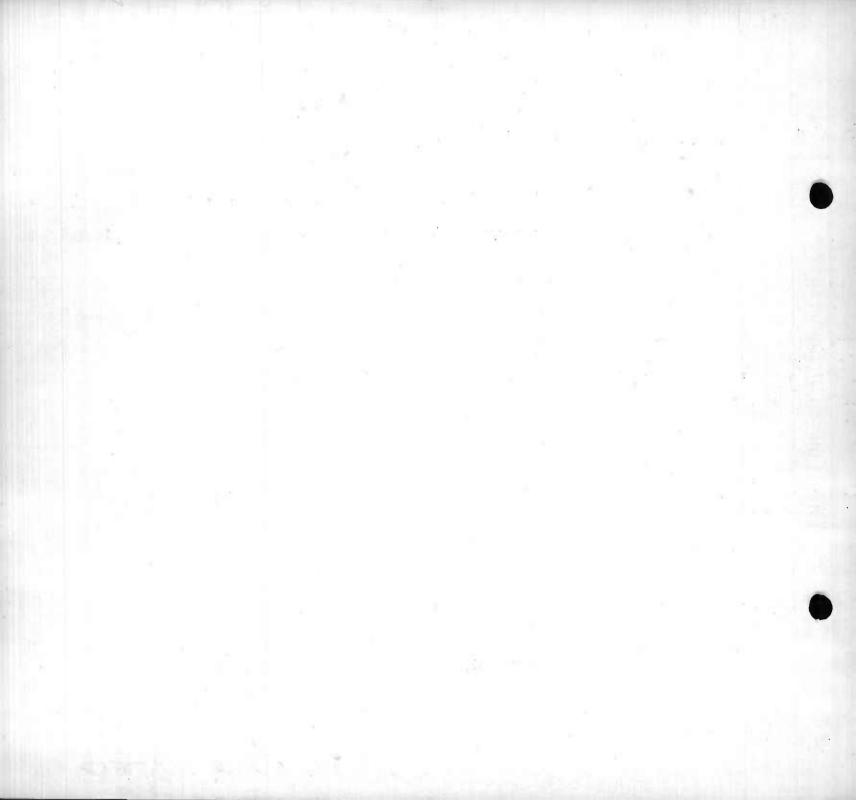
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John Burns Sons, Towson,

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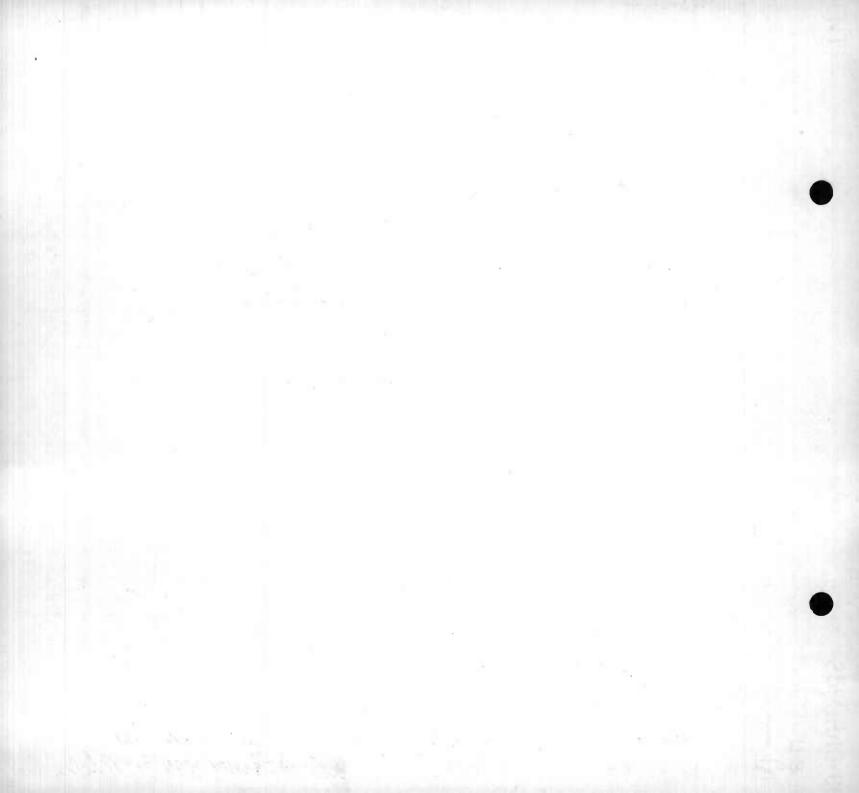
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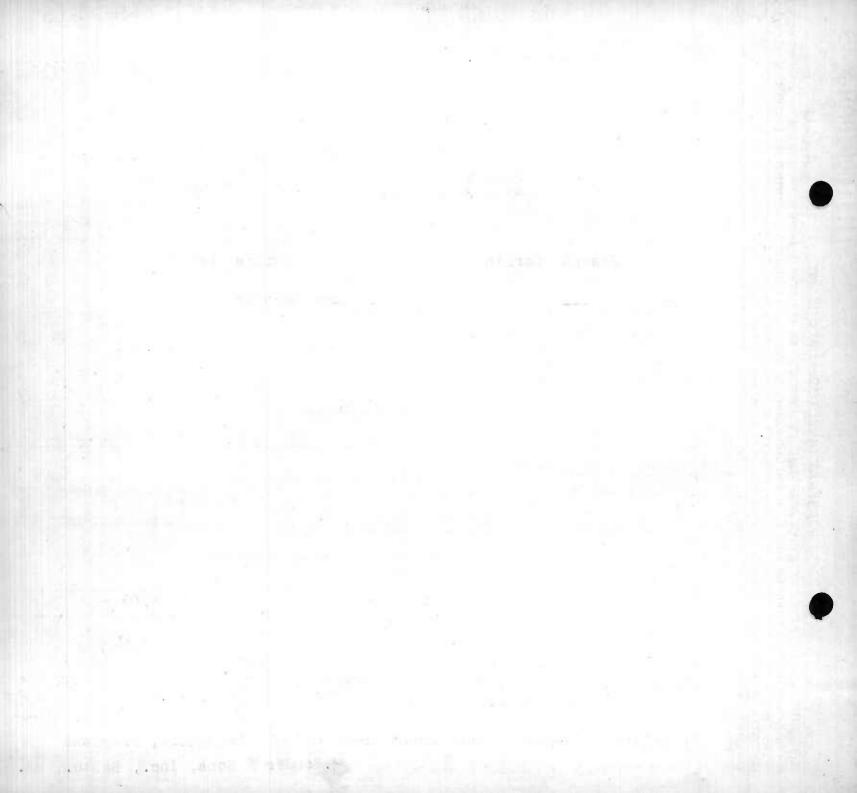


IMPORTANT FUNERAL DIRECTOR:

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT 4. USUAL RESIDENCE (Where deceased lived If institution: residence before admission D. INSIDE CITY LIMITS? NOX If Under 24 Hrs. If Under 1 Yr. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exoct location) and that In(my) (our) apinian death accurred on the date 23 B. DATE SIGNED (City, town, or county) ADD RES





of death

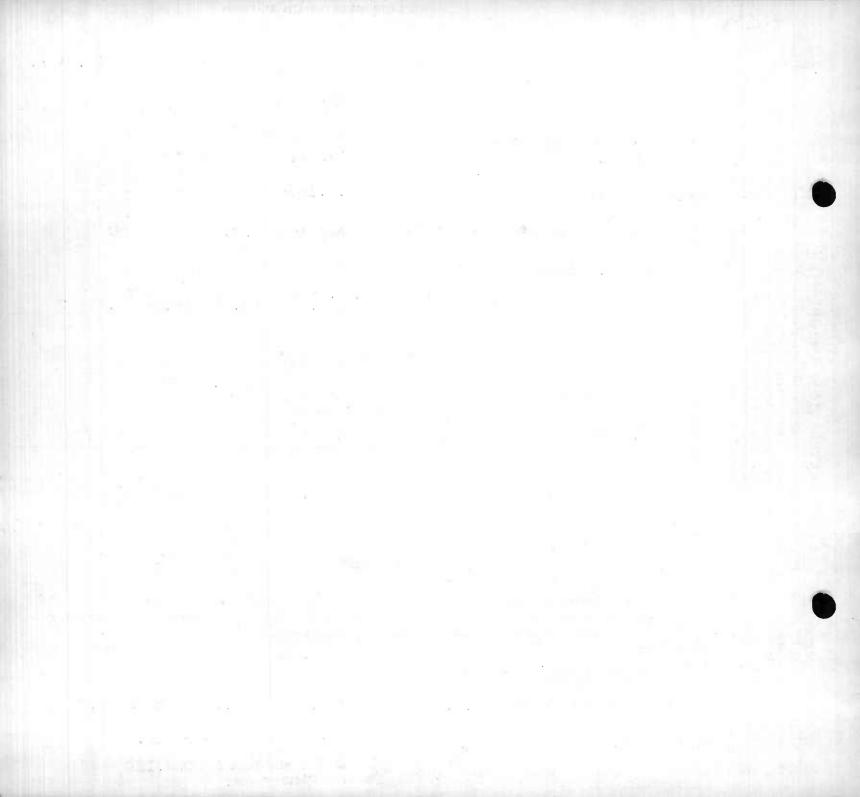
DATIMORE CITTURES DELAKIMENT	ORE CITY HEAL	TH DEPARTMENT
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69 6169

BIR	TH NO.	CERTIFICA	IE OF DI	EATH	
	AME OF DECEASED			2. DATE AND HOUR OF DEAT	
	WILLIAM JC	SEPH WISCOTT		June 16,19	
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	A. STATE	B. COUNTY	f institution: residence before admissio
FU	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	Mary]		12-01
IN:	STITUTION		C. CITY OR TOW		NSIDE CITY LIMITS?
1	THE HOPKINS HOU	SE	E. STREET AND	More 21210	YES X NO .
0	110 W. 39th Stre			v. 39th Street	
S. S	EX 6. RACE 7. MAR	RIED X NEVER MARRIED	8. DATE OF BIRT	last highdays	If Under 1 Yr. If Under 24 Hr Months! Doys Hours! Min.
]	Male White wido	WED DIVORCED	Aug. 3.18	398 70	
	USUAL OCCUPATION (Give kind of work 10 B, KIN during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign country)	12. CITIZEN OF WHAT COUNTI
		cal Digest	Balti	more Md.	USA
	FATHER'S NAME		14. MOTHER'S	MAIDEN NAME	
	Murray J. Wiscott		Anna	Louise Schind	ele
	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give war or dates of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		16-32-9155	Mrs. Lui 110W.	se O.Wiscott 9th St.Baltime	ore Md. 21210
	18. 9/19/1	CAUSE OF DEATI			APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
	DISEASE OR CONDITION DIRECTLY		01	1.1	T ONSET AND DEA
	LEADING TO DEATH	(A) IMMEDIATE CAU	ISE / espi	ialon failure	- tewdays
	(This daes not meon the mode at dying, heart failure, asthenia, etc. It means the disc		1:1.	or: mohement by spand	lylitis -> 40 years
	injury ar complication which caused death.)	and by	ashi it	broughtills	7 26 mechs
	ANTECEDENT CAUSES	(8)	- Compared to		2 100
	DISEASES OR CONDITIONS, il any, gi rise la lhe above couse (A) sloting	9	A CONSEQUENC	A. full	1/0
	UNDERLYING CONDITION last.	(c) Class	hughal s	hudbel, henign	40 years
z	II .				/
TIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMI				
CA	DISEASE OR CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPERATION	20 A. AUTOPS	Y? (Yes or No) 208. IF YES, WEI	RE FINDINGS CONSIDERED
ERTIFIC	WAS PERFORMED		no	IN CERTIFYING	CAUSES OF DEATH?
CE	21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., i	n or obout 21 C. W	HERE DID (If in Boltin	more City, give exoct location)
CAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	etc.)	mee blag., INJORI	OCCOK:	
EDIC	21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HC	OW DID INJURY OCCUR?	
8	OF INJURY (APPROX.)	While At Not While At Work	• 🗆		
	22. I certify that (I) (this hospital) attend		Jan, 22	1952 to	une 16. 10 69
	that (I) (we) last saw the deceased alive	0	1 , 0	. /	apinian death accurred an the do
	and have and from the causes stated above	1			ipinian death accorred an the ac
	23A. SIGNATURE	/e. (1) (ne) (did) (eza mar) v	lew the body o	iter death.	23% DATE SIGNED
	John Tilla Ha			ed. Staff	1/ 1919
	23C. PHYSICIAN'S	M. N : GEGREE Phys	23D. ADDRESS	rector Phys.	June 16, 161
	NAME (Type)	,		d+ 5.74	
244	JOHN TILDEN HOWARD BURIAL CREMATION, 248. DATE 24	M. D. GEGREE			imore Md. 2.1202 (City, town, or county) (Stote)
	REMOVAL (Specify)				
	arial June 18,1969	Immanuel Ceme	tery	Baltimore	MQ.
231	11 N 1 8 1000 3	200 F 3 D	BENRY	SANDER & SON	
	0011 - 0 1909 1	over a value, M.C	9. Balti	more Wa	

VS 150-REV. 1/1/68

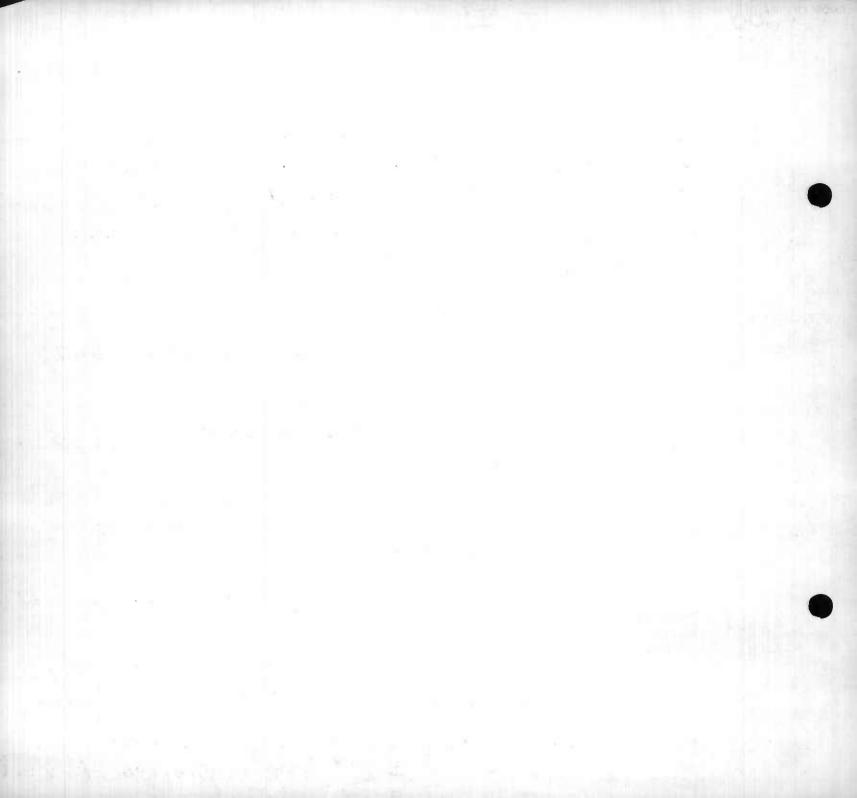
Cemetery
256 FUNERAL PRECTOR
BENRY SANDER
Baltimore Md. 80 SONS. INC



	HEALTH DEPARTMENT
69 6170 CERTIFICA	TE OF DEATH REG. No. 69 6470
I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print) WACHTER, HELEN MAY	JUNE 16, 1969 5:25Pm
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. Il institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	MARYLAND Harrard 2 = 0
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
IN ST ACHES HOSPITAL	JOPPATOWNE YES NO XX
ST AGNES HOSPITAL	308 BRESLIN ROAD
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	
FEMALE WHITE WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthday) 11 02 22 16 17. If Under 24 Hrs. Months, Doys Hours, Min.
IOA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	
done during most of working life, even if retired) Molded Rubber NSPECTOR Products	MARYLAND USA
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ROY HIMES	SADIE (HAWKER)
5. Was Deceased Ever in U. S. Armod Forces? 1 6. SOCIAL	17. INFORMANT ADDRESS
Yos, no of unknown) (If yos, give wor or doles of service) SECURITY NO. 219-14-9224	OT ACHEC DECORDS CATON S NILLUENS AND
18. CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	SE Subarachord himorrhage.
(This does not meen the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease,	SE Subarachoroid hemorrhage. A CONSEQUENCE OF: 3 pontounous.
Injury or complication which could be a complication of the compli	3/50
ANTECEDENT CAUSES (B)	A CONSEQUENCE OF:
DISEASES OR CONDITIONS, if ony, giving DUE 10, OR AS rise to the above couse (A) stoling the	A CONSEQUENCE OF:
UNDERLYING CONDITION last, (C)	MM************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1 21B. PLACE OF INJURY (e.g., in the condition of the conditio	20A AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
WAS PERFORMED	NO IN CERTIFYING CAUSES OF DEATH?
OP CONTRIBUTING TICALISE OF	n or about 21 C. WHERE DID (If In Baltimare City, give exact location) fice bldg., INJURY OCCUR?
DEATH (notify medical examiner)	
21D.TIME (Month) (Doy) (Yeor) (Hour) 21E FNJURY OCCURRED OF FNJURY While At Not While	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Not While At Work	' □
22. I certify that (1) (this haspital) attended the deceased from	
that (1) (we) lost sow the deceased olive on JUNE 16	19_69and that in(My) (our) opinion death occurred on the date
and hour and from the couses stated abave. (I) (We) (did) XdYd not) v	lew the body after death.
23A. SIGNATURE	23 B. DATE SIGNED
DEGREE Phys	nding Med. Shaff Mod. Director Phys. 106 16 69
	3D. ADDRESS
PRICHA BOONSWANG M.D. DEGREE	ST AGNES HOSP. BALTO MD 21229
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	
Burial June 20 1000 Bel Air Memori	al Gardens Bal Air harford Md
25A. DATE REC'D BY HEALTH DEPT. 1258, NAME OF REGISTRAL	125G FUNERAL DIRECTOR ADDRESS
MIN 18 1969 Jober E. Failer, M. D.	Howard K. McComas & Son, Abingdon, Md.

JUN 1 8 1969





Har Bar View August State

Contin 1815 and 5 State

Miller to 21230

Maryland

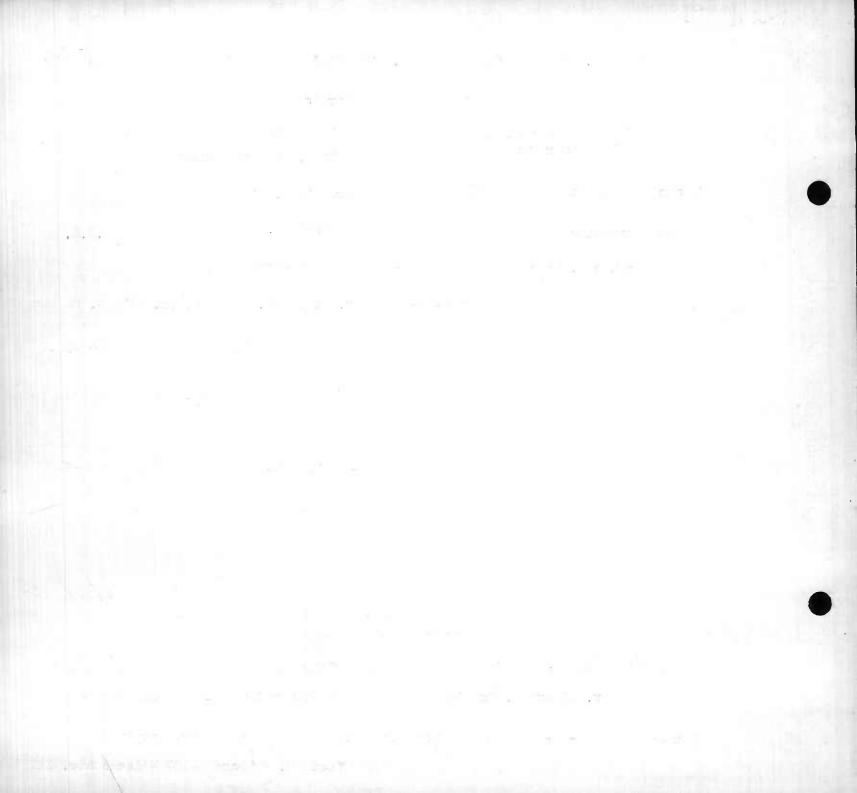
Marylan

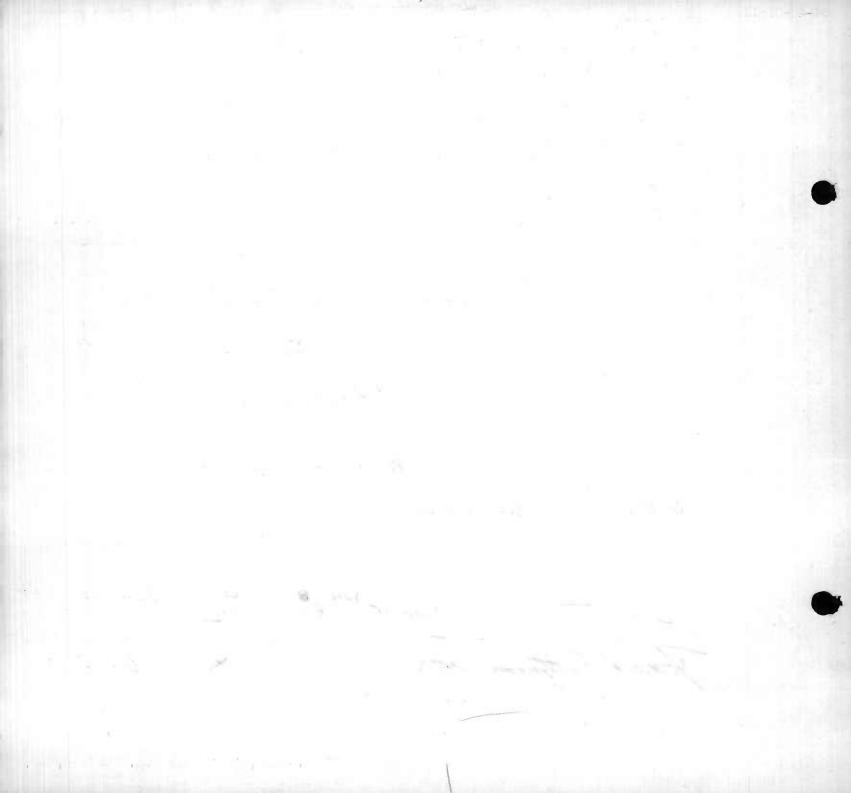
5/8/69 A GRAVE 1 W. C.

Chronic

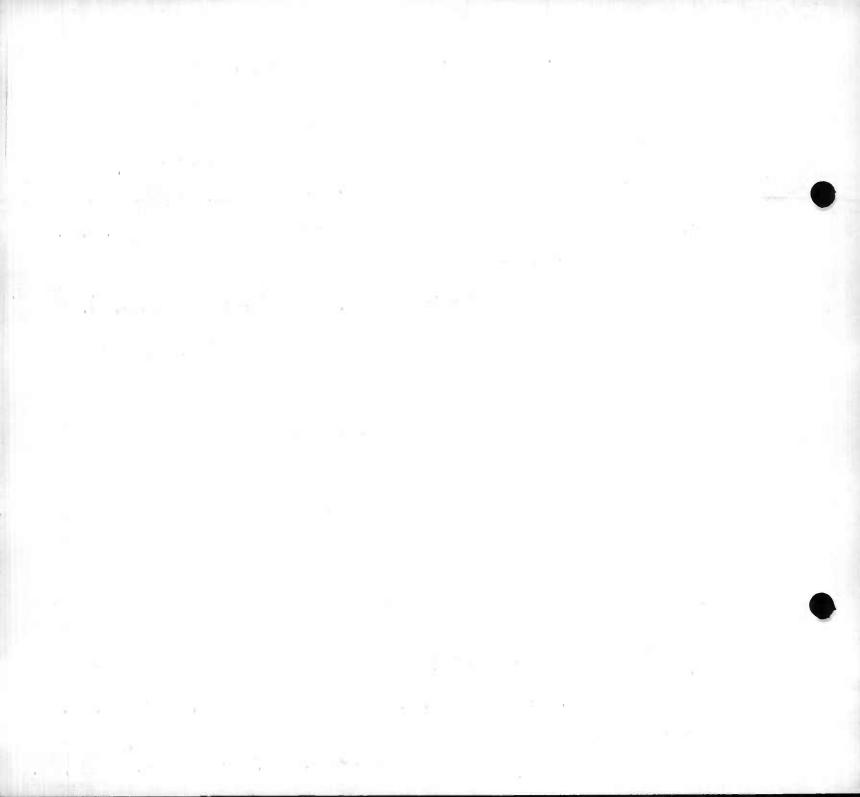
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	69	6176		HEALTH DEPARTM		00	OAMO.
BIRTH NO.	00	01.7	CERTIFICA	TE OF DEA	TH REG. NO		<u>b1/b</u>
1. NAME OF E	John W.	Searfos	s Sr.		une 17, 1969	ATH	
3. PLACE IN I	ALTIMORE MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESIDENCE	CE I Where deceosed lived	If institution:	residence before admission
FULL NAME (HOSPITAL OR INSTITUTION				Maryland C. CITY OR TOWN	Baltimore	INSIDE CITY	53-00
31	Baltimore City	Hospita	1	Dundalk E. STREET AND NU 1331 Old		YES _ Road] по 🖺
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Und	es 1 Yr. If Under 24 Hrs.
Male	White	WIDOWED	DIVORCED	Jan. 20, 1	.917 lost birthdoyl	Months	Days Hours Min.
done during most	CCUPATION (Give kind of work of working life, even if retired)	10B KIND OF	BUSINESS OR INDUSTRY		•	12, CfT	TIZEN OF WHAT COUNTRY
Barte				Pennsylv			U. S. A.
13. FATHER'S				14. MOTHER'S MAIE			
F 141		arfoss			??		
Yas, no or unkno	wn) (If yes, giva was or dote	ces? s of service)	SECURITY NO.	,	ife)		ld N. Point Re
Yes	WWII		715-12-7435	Mrs. Dorot	hy Searfoss	Dundal	k, Md. 21222
	EASE OR CONDITION DIE LEADING TO DEATH s not mean the mode of		CAUSE OF DEAT	Muco	indeal Info	refu	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 10 Much
DISEASES	re, asthenia, etc. II means complication which caused ANTECEDENT CAUSES OR CONDITIONS, il the abave cause (A) ING CONDITION last.	death.)	D	iabetes / A CONSEQUENCE OF	Melletus	18 0 mm m m m m m m m m m m m m m m m m m	20 years
OTHER SIG	II NIFICANT CONDITIONS COL EATH BUT NOT RELATED TO THE R CONDITION GIVEN IN PAR	TE TERMINAL	***********************				
19A. DATE	OF OPERATION 198, CON WAS PERF	DITION FOR W	HICH OPERATION	No No	es or No. 20B. IF YES, W	CAUSES OF	CONSIDERED DEATH?
21A. ACCII OR CONTR DEATH (no	DENT WAS UNDERLYING UBUTING CAUSE OF	21 B. F home, atc.)	PLACE OF INJURY (e.g., i , farm, foctory, streat, of	n or obout 21 C. WHERE fice bldg., INJURY OC	DfD (If In Bal	limare City, gi	ve exact facation)
21D. TIME OF INJURY (APPROX.)	(Month) Day) Year)		NJURY OCCURRED At Wark		DID INJURY OCCUR?		
that (I) (w	fy that (1) (this hospital re) last saw the decease	d alive an	may 20 1	19 69	and that in (my) (our)		20 19 6.9 oth occurred on the date
23A. SIGNA	orsis a. Ja.	eolv	M. Degree Phys	nding 🔀 Med.	Shaff	23 B. DA	te signed 6/17/69
NAME	Morris A.		M. D.	1010 Nort	h Pöint Road,		more, Md.
man .	L (Specify)		ME of CEMETERY of CRE		24D. LOCATION	(City, town,	
Buri		4.0	Lawn Cemeter	у	Bal	Ltimore	, Maryland
25A. DATE REC	JUN 18 19	S. NAME OF	& E. Vaiber M.	John J	RECTOR'S		Dundalk, Md.
VS 150-REV. 1/	1/68	4					



BIRTH NO.	6	9 617		TE OF DEAT		69 6177
1. NAME OF DE	Cornell	L. Cover			e and hour of deat	TH
FULL NAME O HOSPITAL OR INSTITUTION	ALTIMORE MARYLAND,	WHERE PRONO		4. USUAL RESIDENCE	Where deceased lived, II OUNTY Baltimore D. II	f institution: residence before admission) 5 3 0 0 NSIDE CITY LIMITS? YES NO A
5. SEX	6. RACE	7. MARDIED	NEVER MARRIED	8. DATE OF BIRTH	NOACI	
Female	White	WIDOWED		March 23, 19		If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.
done during most o	 School Tea 	1 1	BUSINESS OR INDUSTRY	West Virgini Most Wirgini	.a	12. CITIZEN OF WHAT COUNTRY U. S. A.
Th	nomas Proud				lia Feaster	
15. Wos Decease (Yes, no or unknow No	d Ever in U. S. Armed F.	orces? les of service)	16 SOCIAL SECURITY NO. 219-16-5558		sband) Edger	nere, ADDRESS Md. 212 2804 Wells Rd.
rise to f	ANTECEDENT CAUSE OR CONDITIONS, if the obove cause (A) G CONDITION last. II FICANT CONDITIONS CO TH BUT NOT RELATED TO	any, giving sloting the	(B) DUE TO, OR AS	A CONSEQUENCE OF:		15 16 213
19A DATE O	WAS PE	NDITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes o	IN CERTIFYING C	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF medical examined	21 B, homelc.)	PLACE OF INJURY (e.g., in e, form, foctory, street, of	or about 21 C. WHERE DI	D (II In Boltim	nore City, give exact location)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED Not While At Work		INJURY OCCUR?	
that (1) (we	that (1) (this hospital) last saw the deceas	ed alive on	4-15			pinlon death occurred on the date
23A. SIGNATI	oh V. Ceni	vej	DEGREE FINA	ding Med.	th. Staff Phys.	238, DATE SIGNED 6/17/69
	John V. C		M. D. DEGREE	914 "D" St.	Sparrows Poi	
Crematic	-//	69 Gre	enmount Cremat			City, town, or county) (Stote)
5A. DATE REC'D	JUN 18 196	25B. NAME O	E. Jaiber Miles	John J. Duc		Ave. Dundalk, Md.





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nder 24 Hrs Min.
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9 m/21 (Stote)

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	Spyth			MINER'S C	2. DATE	Known X	Month	REG. NO	Yeor	Hour
Type or Print) DOUGLAS	, 3	STABLE	WSKA	2	OF DEATH	Estimoted				
4. PLACE IN BALTIMORE, MA	T IN HOSPITA	L OR INSTITU			3. DATE PRONOL	INCED DEAD	Month June	Doy 16.	1969	11:35 E
hospital ADDRE or institution St. Agnes Hos	ss or locat	IION)			5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE Maryland					
6. SEX 7. RACE		B. MARRIEL	NE	VER MARRIED	C. CITY OR	TOWN		D. INSIDE		
male whi	te	WIDOWE		DIVORCED	Balt	imore		E. C.	YES K	NO 🗌
6/21/1958	10. AGE (In lost birthdoy 10			Yr. If Under 24 Hrs. oys , Hours , Min.		ond NUMBER pmanor Ro	ad			
11. BIRTHPLACE (State or foreig	n country)	12	. CITIZE	N OF	13. FATHER	SNAME				
Maryland			WHAT	COUNTRY?	Dani	el A. Sp	rtkowsk	1		
14A.USUAL OCCUPATION (Given during most of working life, even to the desired most of working life, even to the desired most of working life, even to the desired most of the desired most	U.S. ARMED	FORCES? of service)	17. 9	GOCIAL SECURITY NO. CAUSE OF DEA	Dolo 18. INFORM Mr.	res Eberr MANT Daniel A	nan . Spytk		A	nanor Roa. PPROXIMATE INTERV WEEN ONSET AND DI
OISEASE OR COND LEADING TO (This does not meon the heart failure, asthenia, etc injury or complication whi	DEATH mode of dy . It means the	ing, e.g.,		(A)IMMEDIATE		al Injury				# OA BORE HE HE OF BORE # C C
ANTECEDENT DISEASES OR CONDITI RISE TO THE ABOVE CA UNDERLYING CONDIT	ONS, IF ANY	I, GIVING TING THE		(B)	AS A CONSE	QUENCE OF:				
OTHER SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITION 20A. DATE OF OPERATIO	RELATED TO	THE TERMIN	NG AL							
20A. DATE OF OPERATIO			OR WHI	CH OPERATION W	AS PERFORA	MED				OPSY? (Yes or No
52							4100 b			

VS 151-REV. 1/1/68

ACTUAL

SIGNATURE.

EXAMINER'S NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specify)

25A. DATE REC'D BY HEALTH DEPT. 22

Werner U. Spitz, M.D.

24D. LOCATION

and that an this basis, death in my aplnian

Undetermined manner

(City, town, or county)

(Stote)

DATE SIGNED

6/17/69

Baltimore National Cometery Baltimore, Md.
25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS

Inspection .

Accident X

Autapsy 🔀

Suicide

24C. NAME of CEMETERY or CREMATORY

Hamicide __

248. DATE

I certify that I held an Inquiry

resulted from: Natural causes

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

tzke, 2101 Edmondson Ave., 21229

Discussioners on

A SHARE THE RESIDENCE OF THE SHARE S

NO

Hours

U.S.A.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

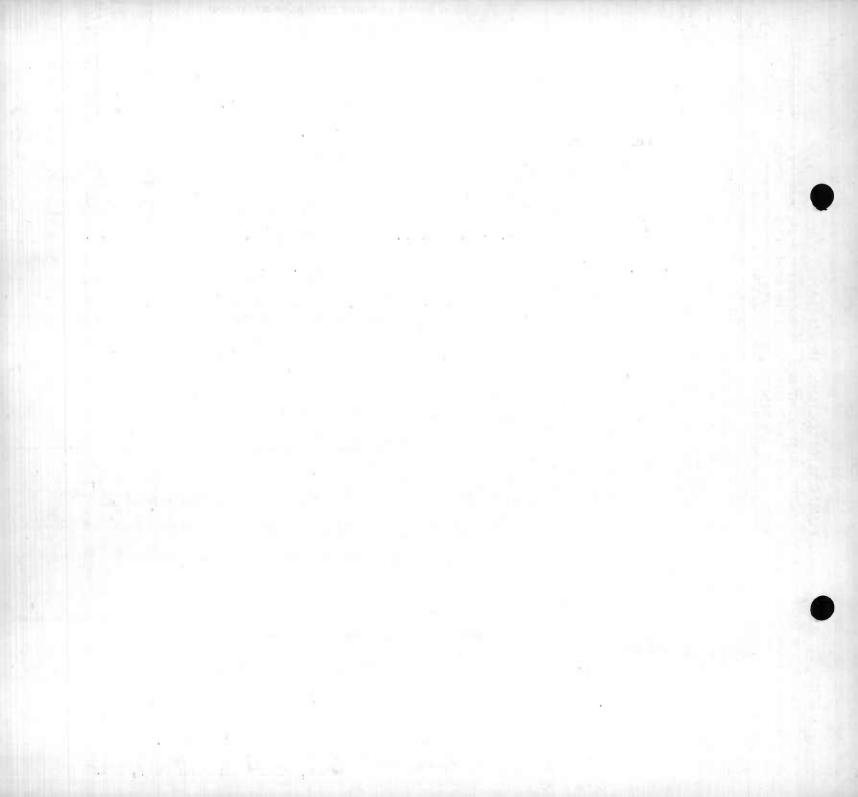
ADDRESS

If Under 24 Hrs.

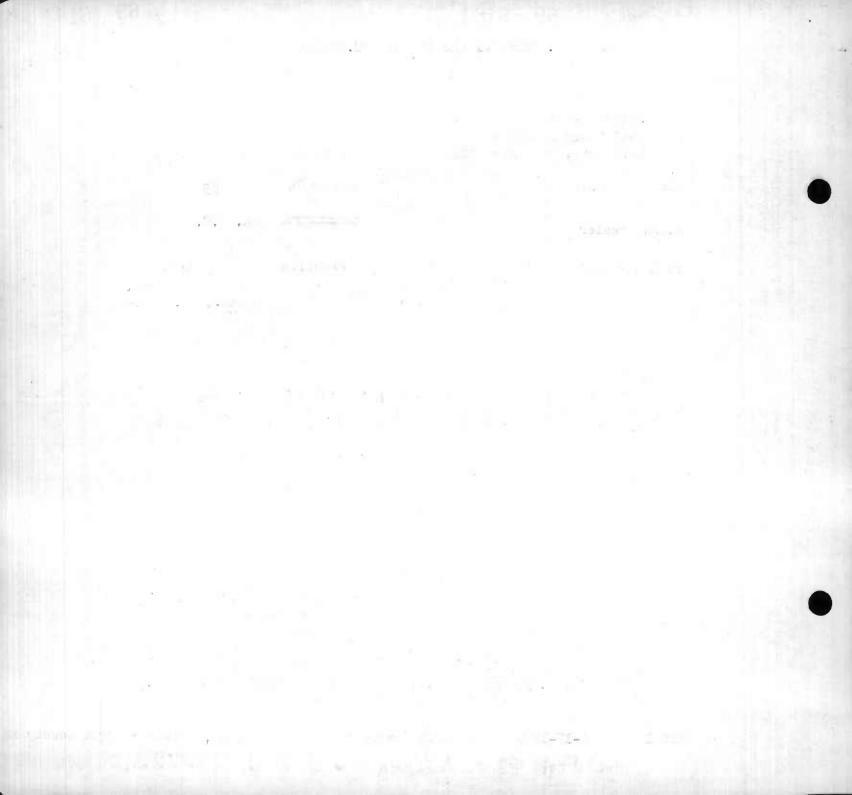
Western Live Investment of the feet

	e Of DECEASED Print) Harry Thi	iele		6/17/69	12:45 P. M.
3. PLAC	E IN BALTIMORE, MARYLAND	, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE A. STATE B. C	Where deceased lived, tf	institution; residence before admission)
FULL N HOSPITA	IAME OF (IF NOT IN HOS	SPITAL OR INSTITUTION, GIVE STREET OCATION)	Md c. CITY OR TOWN	Balto.	ISIDE CITY LIMITS?
a	Hood Nursing H	Home	Balto.	ED	YES NO
16		orth Bend Roads	4901 Alson		
S. SEX	6. RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours! Min.
Mal		WIDOWED TO DIVORCED	1/18/1885	lost birthday	Months Doys Hours Min,
	JAL OCCUPATION (Give kind of a ling most of working life, even if retire	work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State o	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
	ired	Con. Gas. & Elec.	Baltimore,	Md.	U.S.A.
	HER'S NAME		14. MOTHER'S MAIDEN	INAME	
	man J. Thiele		Mary A. He	ess	
S. Was Yes, no c	or unknown) (If yes, give war ar	dates of service) SECURITY NO.	17. INFORMANT		ADDRESS
unk	cnown	212-05-3855A		Hoffman, Lwyer	,24 Commerce S
1B.	DISEASE OR CONDITION	CAUSE OF DEAT	TH C		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NOTH TO	ANTECEDENT CAU EASES OR CONDITIONS, In the above cause (DERLYING CONDITION last. II HER SIGNIFICANT CONDITIONS THE DEATH BUT NOT RELATED I	if any, giving DUE TO, OR AS (C)	S A CONSEQUENCE OF:		nearo
19A		PART 1 (A). CONDITION FOR WHICH OPERATION PERFORMED	20 A. AUTOPSY? (Yes	or No. 208. IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?
AL CERTIFIC SUPPLIES	ACCIDENT WAS UNDERLYIN CONTRIBUTING CAUSE OF		in or obout 21 C. WHERE D	ID (If in Baltim	ore City, give exact location)
U	TIME (Month) (Doy) (Ye	eor) (Hour) 21E, INJURY OCCURRED	21F. HOW DIE	INJURY OCCUR?	
Q 21 D	INJURY PROX.)	While At Not Whi			
S OF		14401K — 21 4401K			
22. that	t (I) (we) last sow the dece	ased alive anstated abave. (1) (We) (did) (did nat)	191969 or	ath.	
22. that	t (I) (we) last sow the dece	stated abave. (I) (We) (did) (did nat)	19 6 9 are view the body after de ending Med. Director [23D. ADDRESS	nd that in (my) (our) a	plnian death accurred an the date
22. that and 23A.	t (I) (we) last sow the dece hour and from the causes : . SIGNATURE . PHYSICIAN'S NAME (Type)	ased alive an stated abave. (I) (We) (did) (did nat)	view the bady after de ending Med. 23D. ADDRESS 332% Fred	nd that in (my) (our) on the court of the co	plnian death accurred an the date [23B, DATE SIGNED [33B, DATE SIGNED [43B, 18] [5] [6] [7] [6] [7] [8]
22. that and 23A. 23C.	hour and from the causes: SIGNATURE PHYSICIAN'S NAME (Type) Pr. Pound RIAL CREMATION, 248. DATE MOVAL (Specify)	ased alive an stated abave. (I) (We) (did) (did nat) DEGREE Physical States and Degree Physical States are stated abave. (I) (We) (did) (did nat)	view the body after de pending Med. Director [23D. ADDRESS 3325 Fred EMATORY 24	Shoff Phys. Clerick Road D. LOCATION Baltimore, Mc	plnian death accurred an the date

BALTIMORE CITY HEALTH DEPARTMENT



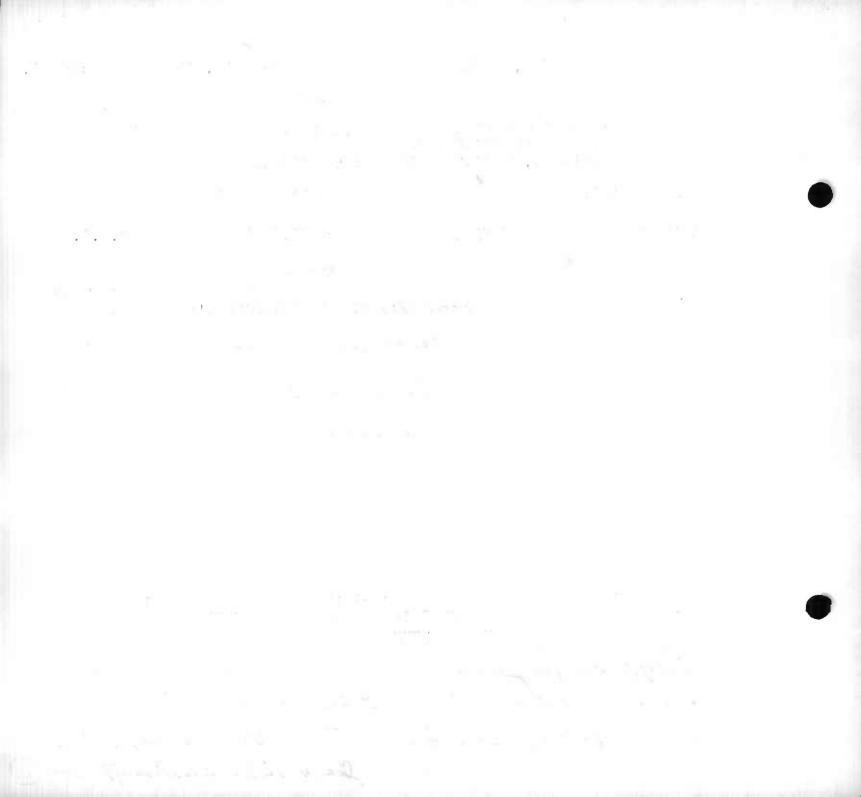
54-33-12 vlb]	B-320 69 6184 BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 69 61	Q A
7005	CERTIFICATE OF DEATH	04
deatlease	NAME OF DECEASEDALDON E. BOTTAZZI aka CHARLES ST. CLAIRE 2. DATE AND HOUR OF DEATH APRILES ST. CLAIRE 2. DATE AND HOUR DATE A	DE PM
7 = + 0 o + .	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence be	fore odmission)
hosp use dence dence	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION) OSPITAL OR ADDRESS OR LOCATION) D. INSIDE CITY LIMITS?	01
S S S S S S S S S S S S S S S S S S S	ASAO Restaura Assaultais Baltimore YES NO	, 🗆
a di in	4940 Eastern Avenue Baltimore, Maryland 21224 E. STREET AND NUMBER 1705 Park Avenue 21217	
a to a de		Under 24 Hrs.
occur rain egul ased	Male White WIDOWED DIVORCED 6-12-1904 Ost birds Doys Ho	ours Min.
c c c c c c c c c c c c c c c c c c c	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WE Wash. D.C. USA	IAT COUNTRY?
or nd	Antique Sealer	
way U	FATHER'S NAME	
disp	Frank Bottazzi Madeline unk.	
Stant sistant the di kind; death death inal d	. Wos Decoosed Ever in U. S. Armed Forces? es,no or unknown) (II yes, give wor or dotes of service) No 16. SOCIAL SECURITY NO. Records: Balto., Md. 21224	
MAL DIRECTOR: IMPORTANT medical examiner or his assistant ledical examiner. Also, if the dir burns; (3) A fracture of any kind; (hysician who pronounced death in was in regular attendance on remains are embalmed or final di	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the made of dying, e.g., heart failure, asthenia, etc. II means the disease, injury ar complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION last. (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF: (C) (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	ATE INTERVAL
FUNERA Le chief me by a mec 2) Body bu e the phy physician ore the re	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDER IN CERTIFYING CAUSES OF DEATH?	RED
be be be	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, loctory, street, office bldg., INJURY OCCUR?	Hon)
oved by hospinature cept w id (6) h	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Work 21 At Work 22 At Work 23 At Work 25 At Work 26 At Work 26 At Work 26 At Work 27 At Wor	
any (ex (ex object);	22. I certify that (I) (this haspital) attended the deceased from 5 30 19 69 to 6 14 that (I) (we) last saw the deceased alive an 6 19 69 and that in(my) (aur) apinian death accurred	19.69.
t be a sed to sed to spital spital leath)	and haur and fram the causes stated above. (1) (We) (did) (did nat) view the bady after death.	
cide ho	23A. STGNATURE Therefore Attending Med. Staff Phys. Staff Phys. Staff Phys. Staff Phys. Staff Phys. Staff Phys. Staff S	-69.
was An L at prio	23C. PHYSICIAN'S Philip A. Fraterrigo M.D. UD 23D. ADDRESS 4940 Eastern Ave. 2 PHILIP A. FRATERICA DE BELL BALLEMAN 22	1224
ed. (3)	4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county)	(Stote)
bod VS: D.C	Burial 6-17-1969 Cedar Hill Cemetery Suitland, Prince Georges	
This certif the body shows: (1) was D.O.A deceased written ap	JUN 1 9 1969 Prober E. Janber M.D. 25G. FUNERAL DIRECTOR JOSEPH GAWLER'S SON, INCOME.	
	S 150-REV. 1/1/68	



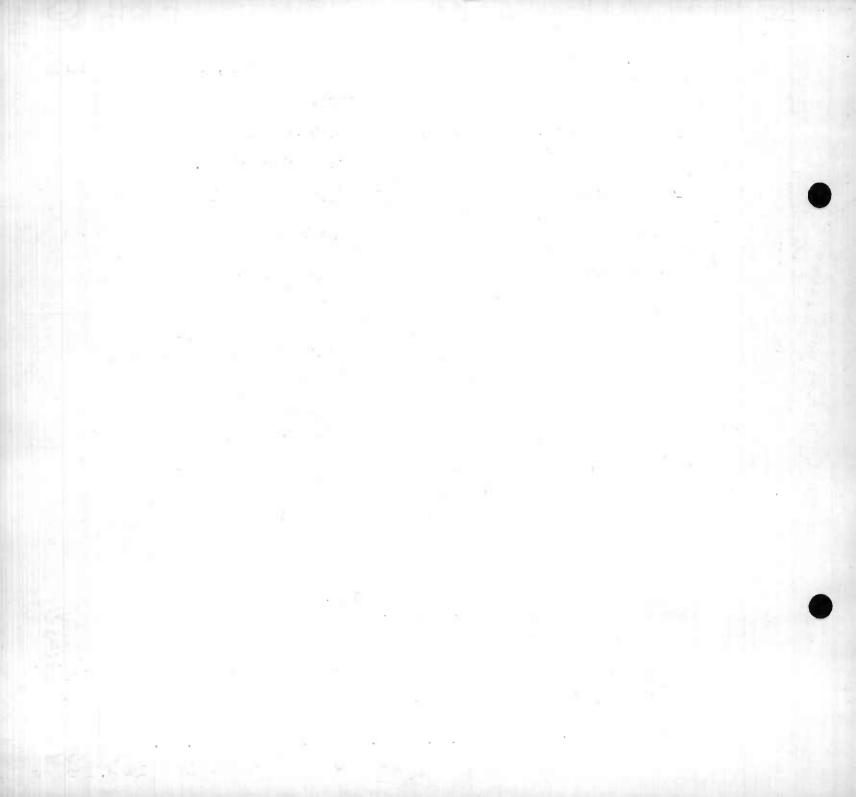
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	69	61	86 BALTIMORE CITY	HEALTH DEPARTMENT		00 0400
DIRTH NO	00	OI	CERTIFICA	TE OF DEATH	REG. NO	69 6186
I.NAME OF DECE	EASED					
(Type or Print)		FD F	1001		AND HOUR OF DEATH	
2 2 4 5 5 44 2 4 7	ROA	ER, E	AKL	J	JNE 16, 196	19 5:00 A.M.
3. PLACE IN BALI	MORE, MARYLAND, W	HERE PRO	NOUNCED DEAD		Yhere deceased lived. If i DUNTY	institution: residence before admission)
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INS	TITUTION, GIVE STREET	MARYLAND		21220 / 8-5
HOSPITAL OR	ADDRESS OR LOCA	INOITA	TITUTION, GIVE STREET	C, CITY OR TOWN	D. IN	SIDE CITY LIMITS?
. /	ST AGNES	HOSF	PITAL	BALTIMORE		YES NO
40	CATON &	WILKE	NS AVENUES	E. STREET AND NUMBE	R	
10	BALTIMOR		RYLAND 21229	209 BOSWEI	L ROAD	
5. SEX	6. RACE		D NEVER MARRIED	8. DATE OF BIRTH		It Under 1 Ye . If Linder 24 Hrs.
MALE	WHITE	WIDOW		08/09/07	9. AGE (In years last birthday)	Months Doys Hours Min.
			OF BUSINESS OR INDUSTRY		(order constant	L'2 CITITEN OF WHAT COUNTY
done during most of w	vorking life, even it retired)		or position or indeptin	11. DIKITILEN GE (31018 OF	toleign country)	12. CITIZEN OF WHAT COUNTRY?
STEWARD		H	IOTEL	PENNSYLVA	ANIA	U.S.A.
3. FATHER'S NAM	AE .	-		14. MOTHER'S MAIDEN	NAME	
	unk			10 10 10		
5. Was Decemend	Ever in U. S. Armod For	50.07	1 6. SOCIAL	17. INFORMANT		A D D D D D D D D D D D D D D D D D D D
Yes, no or unknown)	Ilt yes, give war at dole	s of service	SECURITY NO.	IV. INFORMANT	CATON & W	ILKENS AVENUES
NO			184-03-9789	ST AGNES HO	SPITAL'S R	ECORDS
18. 24	0 AL		CAUSE OF DEATH		JOI TIME O IL	APPROXIMATE INTERVAL
DISEASI	E OR CONDITION DI	RECTLY	Parali	serie de	1 10	BETWEEN ONSET AND DEATH
	LEADING TO DEATH		(A) IMMEDIATE CAU	give of	wour.	16.
lThis daes no	of meen the mode of	dying, e.	See DIFTO OP AS	CONSEQUENCE OF:	**********************	
heart failure, c	asthenio, etc. It means plication which caused	the diseas	se,	1 1 -		0 1
		4001111	1 sect	e Chr. I		2 days
	NTECEDENT CAUSES		(B)			/
DISEASES OF	R CONDITIONS, II	ony, givi	ng DUE TO, OR AS	A CONSEQUENCE OF:		
	above cause (A)	sloting 1	ne (c) H · S	EUD.		
	10		(6)			
Z OTHER SIGNIE!	II CANT CONDITIONS CO	NITOIDI ITINI	G			
TO THE DEATH	BUT NOT RELATED TO TH	IE TERMINA	L			
O DISEASE OR CO	ONDITION GIVEN IN PAR		P WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208 to ves were	PARTINGS CONSIDERED
	WAS PERI	ORMED	K WATCH OFERATION	No	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
19A.DATE OF	T WAS UNDERLYING	1 12	TR BLACE OF MUIDVIO		#/ . D !!!	
OR CONTRIBUT	TING L CAUSE OF	[h	IB. PLACE OF INJURY (e.g., in name, form, foctory, street, of	ice bidg., INJURY OCCUR	lit th Boltimo	ore City, give exact location)
0	medical examined	١	ntc.)			
	(Month) (Doy) (Year)		IE INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
(APPROX)		13	While At Not While Wark At Work	· [
22 1 45	1 . My (a) 1 . 1 . 1					F 1/
1.4				INE 14	_1969_ta_JUN	
	last saw the decease			19 <u>_69</u> and	that in (my) (our) ap	Inlan death occurred an the date
and have and	from the causes stat	ed abave.	· (X) (We) (did) }() (X) (We)	lew the body after deat	h.	
23A. SIGNATUR		1	10			23B, DATE SIGNED
1 / ple	andro (h	11111	Dhue	ding Med.	Shaff Phys.	6-16-69
23 C. PHYSICEAT	The American	To plan	DEGREE Phys	3D. ADDRESS	rhys. 523	1 0 ,0-01
PHYSICIAT	pel	Sin	MO	1	witel cla	tout Wellens AUES
HIE	ANDICO MI	TUN	DEGREE	- 100	jutal - la	
REMOVAL (S	AATION, 248, DATE	24C.	NAME of CEMETERY OF CRE	MATORY' 24D	LOCATION (C	ity, town, or countyl (Stote)
Banil	6-19-1	9	Alka Haven	oneling	Hen Bu	rnie mel
25A. DATE REC'D	BY HEALTH, DEPT.	25B. NAM	E OF REGISTRAR	25C FUNERAL DIRECT	QR.	ADDRESS
	MIN 19 1960	Vinde a	us E. Jaber M.D.	Pul 21 1	EP ATO	Person the new F.
VS 150-PEV 1/1/6	0011-1001			11 . 11 . 17	ah 4x00	LE MAINTING CE



VS 150-REV. 1/1/68

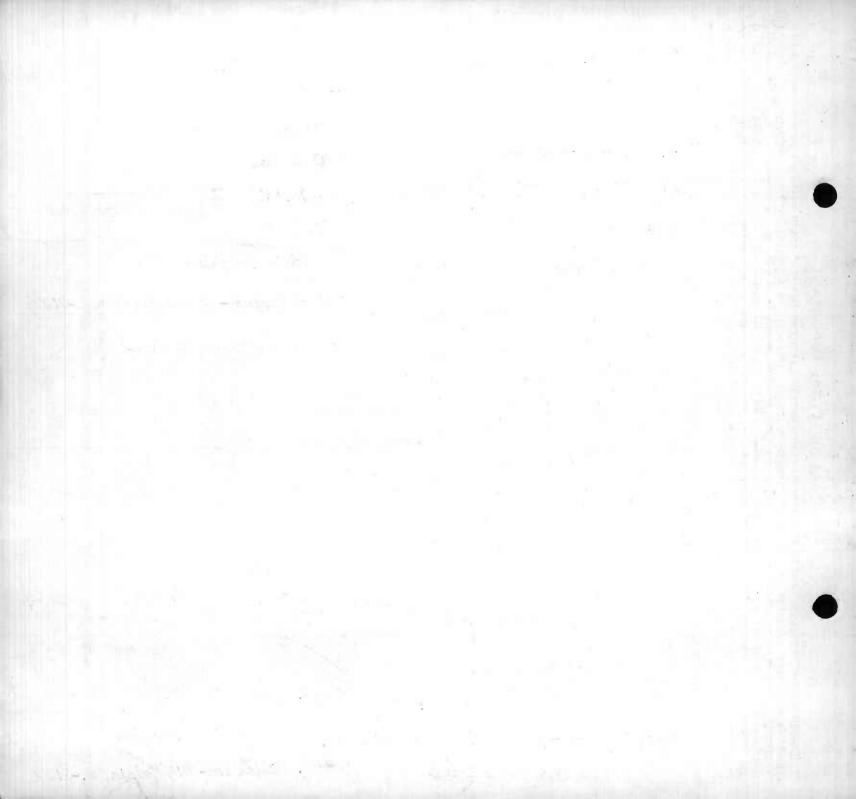


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)	0	U	LO	O

BALTIMORE CITY HEALTH DEPARTMENT

2122 00

BIRTH NO.	03	OTO	CERTIFICA	TE OF DEATH	REG. NO	00	0100		
1. NAME OF DEC		e (ampu	A S		16, 1969		M		
FULL NAME OF HOSPITAL OR INSTITUTION	LTIMORE, MARYLAND, W	HERE PRONOU! AL OR INSTITU	NCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission a. STATE 8. COUNTY M ryland C. CITY OR TOWN Baltimore E. STREET AND NUMBER 5002 Ardmore Way					
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Y Months Doy			
Male 104 USUAL OCC	White	WIDOWED		July 16, 1883	gn country)	12, CITIZEN	OF WHAT COUNTRY		
	f working life, even if retired)			Italy					
13. FATHER'S NA	thony Campus			14. MOTHER'S MAIDEN NAM	osephine Pu	ddu			
15. Was Deceose	d Ever in U. S. Armed For		6. SOCIAL SECURITY NO.	17. INFORMANT Elizabeth (amp	us - 5002 A		Vay -21206		
UNDERLYIN	ANTECEDENT CAUSES OR CONDITIONS, if he abave cause (A) IG CONDITION last.	any, giving stating the	(8)(C)	S A CONSEQUENCE OF:					
▼ DISEASE OR	ATH BUT NOT RELATED TO T CONDITION GIVEN IN PAI OF OPERATION 198. CON WAS PER	RT 1 (A).	HICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE IN CERTIFYING C.	FINDINGS CO AUSES OF DEA	NSIDERED TH?		
OR CONTRI	ENT WAS UNDERLYING DUTING CAUSE OF	21 B. home etc.)	PLACE OF INJURY (e.g., e, form, foctory, street,	in or about 21 C. WHERE DID INJURY OCCUR?	(If in Baltime	ore City, give ex	oct focotion)		
21D. TIME OF INJURY (APPROX.)	(Montht (Doy) (Year)		e At At Work		URY OCCUR?				
that (I) (we	y that (I) (this haspita e) last saw the decease nd from the causes sta	ed alive an	6-15	6.0	19ta	oinian death a	19 69		
23A. SIGNAT	Selection 1	R		ending Med.	Stoff Phys. D	El Bal	Here Ul		
Buri	. 6166		ME of CEMETERY OF CO	ith (em.	Baltimore, M		ADDRESS		
VS 150-REV. 1/1	JUN I 9 1969	1 Valent	E. Vaiber, M.B.	John C. Mill	er Inc-6415	Belair	Rd21206		



VS 150-REV, 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

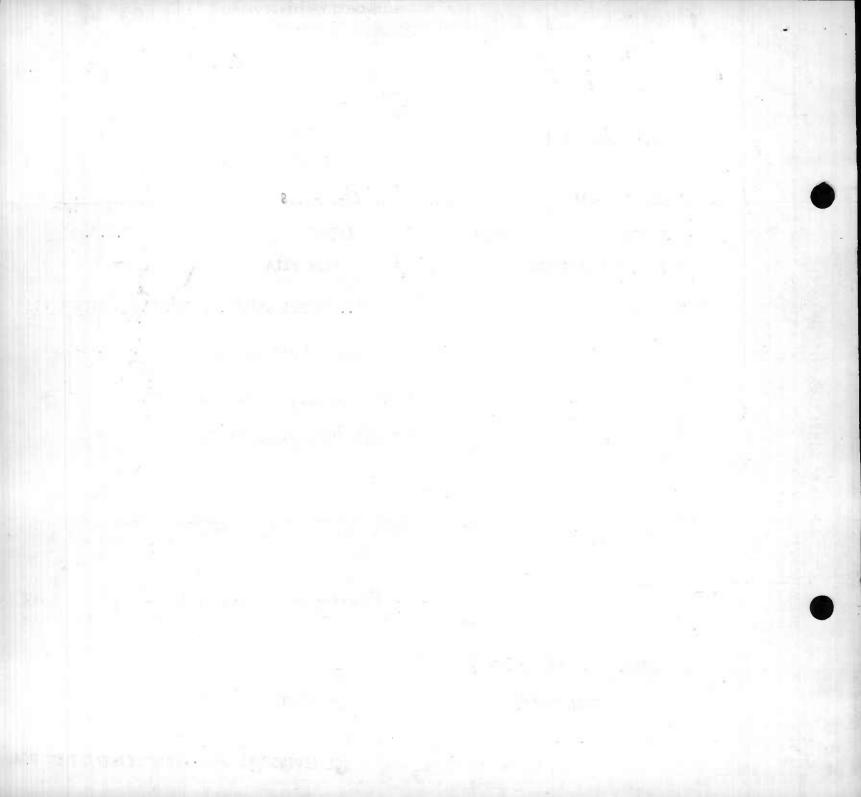
69 6191 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.

69 6191

BIRTH NO.					
I. NAME OF DECEASED (Type or Print) JOHN J LA	NIDRIIM		2. DATE Known OF Estimoted	June 17, 19	69 Year Hour 5:15 P.
4. PLACE IN BALTIMORE, MARY		CONCLINCED DEAD	DEATH Estimoted 1	Month Doy	Yeor Hour
FULL NAME OF (IF NOT IT		TITUTION, GIVE STREET	PRONOUNCED DEAD J	une 17,1969	5 15 P.
ST. AGNES	HOSPITAL	(DOA)	5. USUAL RESIDENCE (Where of A. STATE Maryland	deceased lived. If Institutio B. COUNTY	en: residence before odmission)
6. SEX 7. RACE	B. MADE	RIED NEVER MARRIED	C. CITY OR TOWN	D. INSIDE C	ITY LIMITS?
Male White	WIDOV		Baltimore		YES NO
9. DATE OF BIRTH		If Under 1 Yr. If Under 24 Hrs			100
June 22, 1903	0. AGE (In years ost birthday) 65	Months, Days, Hours Min	607 Lucia Avenu	e 21229	
11. BIRTHPLACE (State or foreign		12. CITIZEN OF	13. FATHER'S NAME		
Virginia		WHAT COHNTRX?	Paul W. Landru	ım	
14A.USUAL OCCUPATION (Give ki	ind of work 14B. KINI	OF BUSINESS OR INDUST	Y 15. MOTHER'S MAIDEN NAMI	E	
done during most of working life, even Serviceman	Balto	. Gas & Elec.	Otialee Phelps	3	
16. WAS DECEASED EVER IN U.		S? 17. SOCIAL	18. INFORMANT	A	DDRESS
(Yes, no or unknown) (If yes, give wor	or dotes of service	225-03-4305	Myrtle A. Landru	um, 607 Lucia	Ave. 21229
19. /// 0 //	00	CAUSE OF DE			APPROXIMATE INTERVAL
7/9//	0 7	Arterio	sclerotic cardiov	ascular dise	ase BETWEEN ONSET AND DEATH
DISEASE OR CONDITION LEADING TO D					
(This does not mean the me	ode of dylng, e.g.,	(A)IMMEDIATE	AS A CONSEQUENCE OF:		
heart failure, asthento, etc. It Injury or complication which			A CONTRACTOR OF		
ANTECEDENT CA		(B)	AS A CONSEQUENCE OF:	***	
RISE TO THE ABOVE CAUS	E (A) STATING THE	002 10, 01	AS A CONSEQUENCE OF:		
Z UNDERLYING CONDITION	N LAST.	(C)			
2					
OTHER SIGNIFICANT COND TO THE DEATH BUT NOT RE DISEASE OR CONDITION GI 20A. DATE OF OPERATION	LATED TO THE TERM	INAL Luetic	aortitis		
20A. DATE OF OPERATION			AS PERFORMED		21. AUTOPSY? (Yes or No)
Ö					no
22A. EXTERNAL CAUSE W	AS	22B. PLACE OF INJURY(e.g	, in or obout 22C. WHERE DID (If	in Boltimore City, give ex	(act location)
UNDERLYING OR CONTR			ce bldg., etc.) INJURY OCCUR?		
OF INJURY (Month) (Doy	Year) (Hou	· ·	22F. HOW DID INJU	JRY OCCUR?	TRACE LA TO
(APPROX.)			T WHILE		
23.	,	7 0			
I certify that I held		Inspection X A	utopsy ond that on thi	s basis, death In my	apinion
resulted fram: Nat	ural couses X	Accident Suici	de 🗌 Homicide 🔲 U	ndetermined monner	
	111	1/ 1/	CHIEF MEDICAL EX	AMINER	DATE SIGNED
SIGNATURE /	red U.	land M.	ASSISTANT MEDICAL EX	AMINER K	DATE SIGNED
EXAMINER'S	4	M.	ASSOCIATE MEDICAL EX	AMINER	
	ald N. Kor	nblum, M.D.			6/18/69
24A. BURIAL CREMATION, REMOVAL (Specify)	DATE	24C. NAME of CEMETER	or CREMATORY 24D. LO		rn, or county) (State)
	6-21-69				Howard Maryland
25A. DATE REC'D BY HEALTH DE		IAME OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
JUN 1	9 1969	Bert E. Jaber, M.	Howard A. Hu	bbard 4107 W	Vilkens Ave. 21229
VS 151-REV. 1/1/68					

the state of the s

- 1	W410 69 6192 CEPTIFICA	Y HEALTH DEPARTMENT 69 6192
	WHO 69 6192 CERTIFICA	ATE OF DEATH REG. NO. 00 0102
	NAME OF DECEASED IDA WOOLF	JUNE 17, 1969
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FU HC	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
1	3919 CLARKS LANE	BALTIMORE YES X NO
4		3919 CLARKS LANE
5. \$	FEMALE WHITE WIDOWED XX DIVORCED	B. DATE OF BIRTH 9. AGE (in years left Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRI	11, B)RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
	HOUSEWIFE AT HOME FATHER'S NAME	LITHUANIA U.S.A.
	CHAIM DAVID MARGOLIS	ROSE ELLA ?
5. Ye	Was Deceased Ever in U. S. Armed Forces? (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	NO	MRS. MURIEL KRAMER. 6507 HOPETON AVENUE #15
FICATION	OTHER SIGN)FICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1794. DATE OF OPERATION 1798. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CERTIF	21A ACCIDENT WAS LINDSBLYING TO 219 BLACE OF INITIBY (2.2.)	
CALC	OR CONTRIBUTING CAUSE OF home, form, foctory, street, etc.)	, in or obout 21 C. WHERE DID (If in Boltimore City, give exect location) office bldg., INJURY OCCUR?
MEDIC		21F. HOW DID INJURY OCCUR?
	22. I certify that (I) (this haspital) attended the deceased fram that (I) (we) last saw the deceased alive an and hour and fram the causes stoted obave. (I) (We) (did) (did nat)	1965 to Joseph 1969 1965 to Joseph 1969 1969 and that in (my) (aur) opinion death accurred an the dat view the bady ofter death.
	23A. SIGNATURE See Serdley WD DEGREE Ph	Hending Med. Shoff C-18-65
	23 C. PHYSICIAN'S NAME (Type) CECIL RUDNER	6821 REISTERSTOWN ROAD
24/	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CF	
	BURIAL 6-18-69 RIGA KURLANDER V	VEREIN ROSEDALE, MARYLAND
254	A. DATE REC'D BY HEALTH GER 1969 255 NAME OF REGISTRAL AND	SUL LEVINSON & BROS. 6010 REISTERSTOWN ROA
S	150-REV. 1/1/68	



No-			BALTIMORE CIT	Y HEALTH DEPARTMEN	NT	00 0100
11-23	2 60	61	93 CERTIFICA	ATE OF DEAT	H REG. NO.	69 6193
INAME OF DEC	EASED	J () A.	00		TE AND HOUR OF DEATH	
Type or Print)	ESTHER NAT	DITCH		Jul		6 A.M
3. PLACE IN BAL	TIMORE MARYLAND, W		DUNCED DEAD	4. USUAL RESIDENCE	(Where deceased lived. If i	nstitution: tesidence before admission)
				A. STATE B.	COUNTY	1.17 1)
FULL NAME OF	ADDRESS OR LOC	ATION)	TUTION, GIVE STREET	MARY LAND	In ING	SIDE CITY LIMITS?
NSTITUTION				BALTIMORE	J. 1143	YES NO
SINAI HO	SPITAL			E. STREET AND NUM	BER	
42.				3018 FAIL	STAFF MANOR COL	IPT APT WE 1
S. SEX	6. RACE	7. MARRIET	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
FEMALE	WHITE	WIDOWE		12-15-1889	lost birthdoy)	Months Days Hours Min.
		10B, KIND C	F BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY
	working life, even if retired)	AT H	OME	RUSSIA		u.s.A.
HOUSEWI		141 11	W-1-1-1-1	14. MOTHER'S MAIDE	N NAME	4.5.7.
	POMERANTZ	- 1	11 (00 01 1)	ANNA	?	ADDRESS
Yes, no or unknown	Ever in U. S. Armed For (If yes, give wor or dote	es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS E-1
NO	- 1257		to the state of	MR. SOLOMON	NADITCH. 3018	FALLSTAFF MANOR CT
18. 1. 1	0.1		CAUSE OF DEA	TH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DI	RECTLY		^	0 0	A - A
	LEADING TO DEATH		(A) IMMEDIATE CA	use thente la	marchela	white 2 hrs
	not mean the mode of		DUE TO, OR AS	A CONSEQUENCE OF:		7
	asthenia, etc. It means npli ca tion whi c h caused		3,	0 -		
	ANTECEDENT CAUSES			Ucv 7)	Dag way Was
	OR CONDITIONS, II		(B)	S A CONSEQUENCE OF:		trang for
	e above cause (A)		3			
UNDERLYING	G CONDITION last,		(c)			
Z	II					
OLOHERSIGNIE	FICANT CONDITIONS CO TH BUT NOT RELATED TO T					
DISEASE OR C	ONDITION GIVEN IN PAI	RT 1 (A).		120A AUTOBOX2 (Voc	o. Noll 200 to vec wene	FINDINGS CONSIDERED
19A. DATE OF	WAS PER		WHICH OPERATION	20A. AUTOPSY? (Yes	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDE	NT WAS UNDERLYING	7 21	B. PLACE OF INJURY (e.g.,	in a chaut 21 C WHERE I	DID /// in Relaime	Chu aire and la cate
OR CONTRIBL	JTING CAUSE OF	ho	me, form, foctory, street,	office bldg., INJURY OCC	UR?	ore City, give exact location)
U	medical exominer)	et	C./			
21 D. TIME OF INJURY	(Month) (Doy) (Year)		E INJURY OCCURRED		D INJURY OCCUR?	
(APPROX.)		W	hile AI Not Wh	ile 🔲		
22. Leastify	that (1) (this hospita	I) attended	the deceased from	7 9	1957 to	6-17 1969
	Host sow the decease		5-19	10 6 5		
			/13 /h/ 3 / 14 33 / 14 4			inion death occurred on the dat
		ted above.	(1) (We) (did) (did_net)	view the body ofter d	eath.	23B. DATE SIGNED
23A. SIGNATU	0. V	Mo.	D. 0 12 Day	tending Med.	□ Staff □	1.0
Y	Janey 10	SPEC	OEGREE PH	ys. Director	Phys.	6-17-69
23 C. PHYSICIA				23D. ADDRESS	\$r	
	STANLEY	STEINB	ACH	ELEVEN S	LADE AVENUE	
4A. BURIAL CRE	MATION, 24B, DATE		NAME of CEMETERY OF C	t		City, town, or county) (Stote)
BURIAL					DILLOTATION	11101111110
	6-18-69		TH EL MEMORIAL	25C. FUNERAL DIR	RANDALLSTOWN	MARY LAND ADDRESS
SAL DATE REC'D	MIN 1 9 10C	OI DA	SE Faber No	OSO DIEVING	ON & BROS. 601	O REISTERSTOWN ROAD
	3014 To 130	7 0000	to the desired in the	•,		

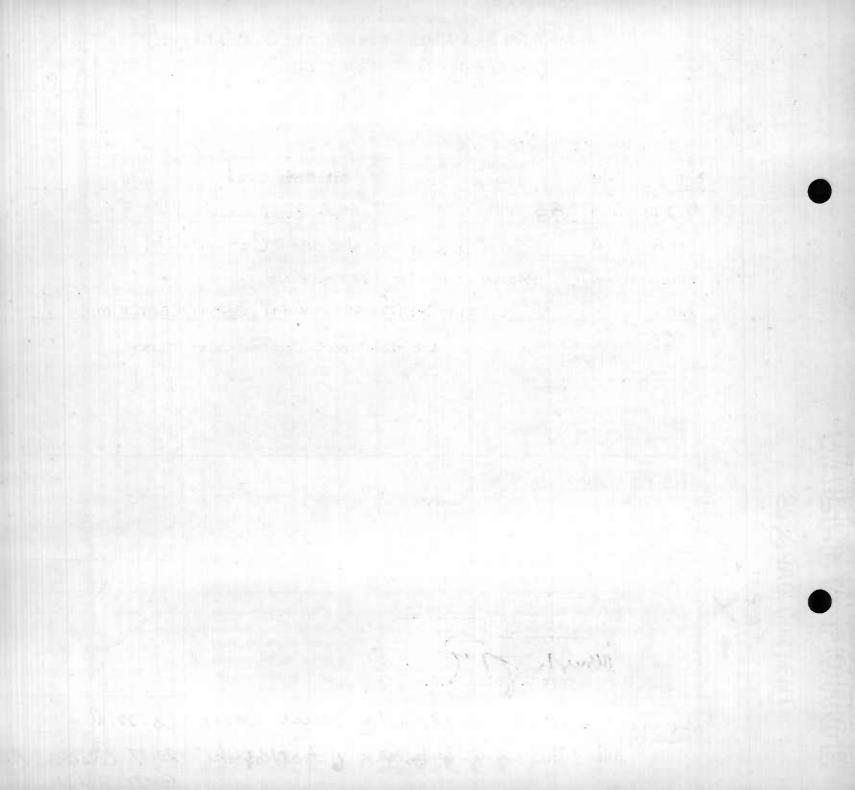
dende Impandolffretros 2 hrs Own many yr 69 6194 BALTIMORE CITY HEALTH DEPARTMENT

69 6194

BIRTH NO.		MED	ICAL	EXAMINER'S	CERTIFI	CATE OF	DEAT	H REG. NO.		
1 NAME OF	DECEASED	(CZ05	NOWSKI)	2. DATE OF	Known	Month	Doy	Yeor	Hour
(Type or Print)				CHESTER	DEATH	Estimoted X	6	16	61	III. P. M.
				RONOUNCED DEAD	3. DATE	UNCED DEAD	Month	Doy	Yeor	Hour
HOSPITAL OR INSTITUTIO	ADDR	ESS OR LOCA	TION)	TITUTION, GIVE STREET	5. USUAL R	ESIDENCE (When			1969	10:46 PM
	ion Memor	ial Ho			A. STAJE Maj			B. COUNTY	d	,-03
6. SEX	7. RACE		8. MARE	HED NEVER MARRIED	C. CITY OF		1221	D. INSIDE CI		
male	whi	te	WIDOV	VED A DIVORCED			1231	YI	ES X	NO 🗆
9. DATE OF 7-2	4 -	10. AGE (Ir	yeors	If Under 1 Yr, If Under 24 Hrs Months, Doys, Hours, Min.		H Garter	Avenue			CHAPEL ST
11. BIRTHPLA	CE(State or forei	gn country)		12. CITIZEN OF	13. FATHER				1	. 21 10
MAI	RYLAND			WHAT COUNTRY?	105	SEPH C	2051	JOWSK	L	
14A.USUAL O	CCUPATION (GI	ve kind of work	148. KINE	OF BUSINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN NA	ME			
	stof working life, e		PACK	CING HOUSE	CATH	HERINE				
	EASED EVER IN		FORCE	? 17. SOCIAL	18. INFOR			A	DDRESS	21214
No or unkr	nown) (if yes, give	wor or doles	of service	314-03-593	J.CAR	TWRIGHT	550	L CAR	TER A	
19.	12 1.			CAUSE OF DEA				1 (111)	Al	PPROXIMATE INTERVAL
DIS	SEASE OR CONI	DITION DIRE	CTLY	Arterio	eclerot	ic Cardio	wa scul	ar Dise	437	YEEN ONSE! AND DEATH
	LEADING T			(A)IMMEDIATE		ie odiale	vascar	ar Disc.	250	
(This do	oes not meon the pilure, osthenio, et	mode of dy	ing, e.g.,	DUE TO, OR	AS A CONSEC	UENCE OF:				
	or complication wh									
	ANTECEDENT	CAUSES		(8)						
DISEAS	SES OR CONDIT	IONS, IF ANY	, GIVING	DUE TO, OF	AS A CONSE	QUENCE OF:				
UNDE	THE ABOVE CA	ION LAST.	IING IHE	(C)						
Ó		II		(~/====================================		***************************************				
	SIGNIFICANT CO	NDITIONS C								
U DISEAS	E DEATH BUT NO									
DISEAS 20A. DAT	E OF OPERATIO	N 208. CO	NOITION	FOR WHICH OPERATION V	AS PERFOR!	MED			21. AUTO	OPSY? (Yes or No)
										No
₹ 22A. EX	XTERNAL CAUSE			228. PLACE OF INJURY (e.g.			(If in Boltimo	re City, give exc	oct locotion)	
	YING OR CON CAUSE OF DE			home, form, foctory, street, off	ce blag., etc.)	NJURY OCCUR?				
≥ 22D. TIM	AE (Month) (Doy) (Yeor	r) (Hou	r) 22E.INJURY OCCURRED		22F. HOWDID IN	IJURY OCC	UR?		
OF INJUI					T WHILE WORK					
23.										
1	certify that I l	neld an I	nquiry [Inspection X A	utopsy	and that an 1	his basis,	death in my	apinian	
re	esulted from: I	Natural cau	ses 🛛	Accident Suici	de H	amicide 🗌	Undetermi	ned manner [
	1		1		-	CHIEF MEDICAL	EXAMINER			DATE SIGNED
	NATURE W	meh	-/	M. W.	D ASS	ISTANT MEDICAL	EXAMINER	X		DATE STOTLED
	-	Werner	II VS	pitz, M.D.		OCIATE MEDICAL	EXAMINER			6/17/69
	МЕ (Туре)		.0		Jan at L					
24A. BURIAL REMOVAL (CREMATION,	248. DATE		24C. NAME of CEMETERY	ar CREMAT	ORY 24D.	LOCATION	(City, tow	n, or county	(Stote)
Bur		6-20-	-69	Sacred Hear	top x	sus 1	salli	D' (0	me	2.
	EC'D BY HEALTH			IAME OF REGISTRAR	Sc.	FUNERAL DIRECT	OR O	-	ADDRESS	0 1
	ff fM	1 4 105		25 7 0 20	111	I.: A1/	0 /	1 700	17 5	0 -

VS 151-REV. 1/1/68

Balto 21231



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69 6195 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH
MILDICAL	FVVIIII 4FIX 2	CEKILICALE		DEATH N

BH	RTH NO.	MED	ICAL E	EXAMINER'S	CERTIF	CATE OF	DEAT	H REG. NO.	69	619	3.5
1.	NAME OF DECEASED	L SILSI	EY.		2. DATE OF DEATH	Known Eslimoted	Month Jui	ne 17,	196 ⁹ °	7:55	P. M.
FU	SPITAL ADI		AL OR INSTITU	TION, GIVE STREET	3. DATE PRONC	DUNCED DEAD	Month Jui	ne 17,	1969	7:55	P. M.
OR	UNION M	EMORIAL	HOSPIT	CAL	5. USUAL A. STATE	Maryland		B. COUNTY_	altimo	2	ission)
1	Male Whi	te	8. MARRIED	NEVER MARRIED DIVORCED	1	e River 21	220	D. INSIDE CI		NOOK	
	an. 5. 1932	10. AGE (I	² 37	Under 1 Yr. If Under 24 Hrs. onths, Doys, Hours, Min.	37 A C	and number edar Drive					
	Penna.			WHAT COUNTRY?	Josu	ha Silsley					
don	e during most of working life eweler	, even if retired)	Jewele:	F BUSINESS OR INDUSTRY Store	Laur	a Hough	AE .				
16. (Ye	was deceased ever s, no or unknown) (If yes, giv Yes Kore	re wor or dotes	of service)	17. SOCIAL SECURITY NO. 195 24 3114		i Silsley	Same	Al	DDRESS		
	DISEASE OR CO		CTLY	Gunsho		d of head				PPROXIMATE I VEEN ONSET	
	(This does not meon theort foilure, osthenio, injury or complication of	etc. It meons the	e diseose,	(A) IMMEDIATE C DUE TO, OR A		QUENCE OF:				* ********	Brahaballa da
2	ANTECEDEI DISEASES OR COND RISE TO THE ABOVE UNDERLYING CONI	ITIONS, IF ANY	Y, GIVING TING THE	(B)OUE TO, OR	AS A CONS	EQUENCE OF:					tor for the distribution distri
CERTIFICATION	OTHER SIGNIFICANT OF THE DEATH BUT NO DISEASE OR CONDITION	OT RELATED TO	THE TERMINA			் பெள்ளைக்கி நிலிழ்க்கு இந்து இரு காலக்குக்கு முறுதை நிக்கிறில்	***************				
CERTI				R WHICH OPERATION WA	AS PERFOR	MED			21. AUTO	yes	or No)
EDICAL	22A. EXTERNAL CAU UNDERLYING MOR CO UTING CAUSE OF D	ONTRIB- EATH.	hor	B. PLACE OF INJURY (e.g., ne, form, foctory, street, office Corby Jewe	e blda., etc.)	2011 N. Ch	arles	Street	oct locotion)	-06	ā,
Σ	(APPROX.) June]	(Doy) (Yeo .7,1969		WHILE AT WORK AT W	WHILE ORK	Shot duri					
	I certify that resulted fram: ACTUAL SIGNATURE EXAMINER'S NAME (Type)	Natural cau	UKu	Inspection Au Accident Suicid M.D Mb 1um, M.D.	- ASS	and that an th lamicide A L CHIEF MEDICAL E ISTANT MEDICAL E OCIATE MEDICAL E	Undetermin XAMINER XAMINER	deoth in my ed monner [date sig	NED
	A. BURIAL CREMATION,	24B. DATE 6/20/6		24C NAME of CEMETERY			ocation		Md.) (St	ote)
25	A. DATE REC'D BY HEALT	H DEPT.	258. NAN	E Jaben M.D.		uneral direction	1 1111	Asia.	DDRESS	aster	n Ave
VS	151-REV. 1/1/68	8 5 9	411		1		11	U			-

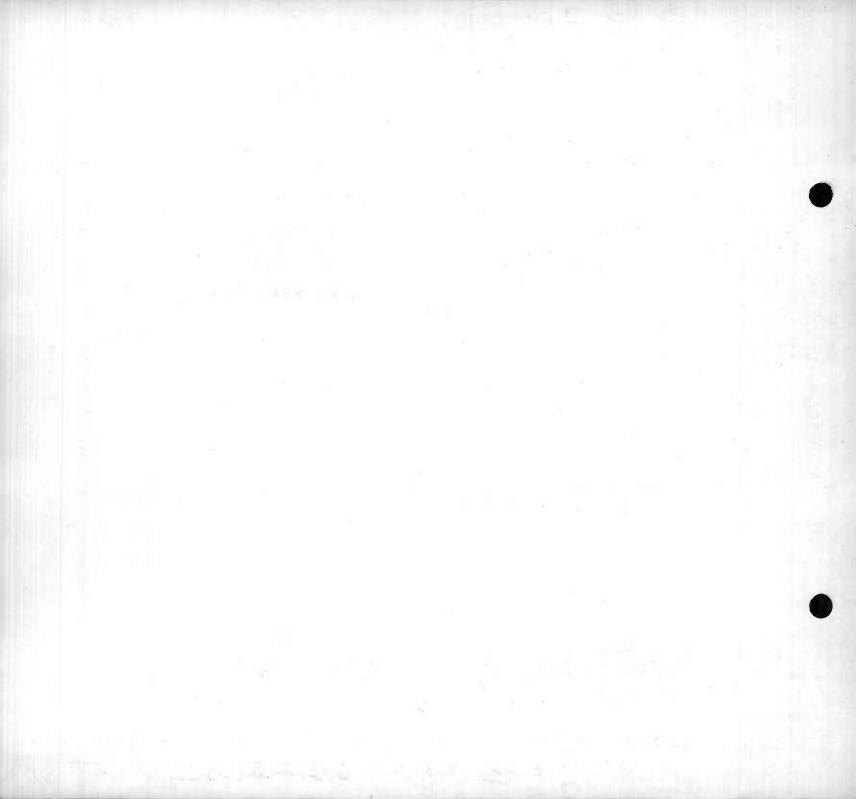
Jen. 5, 3032

Farmer

velails strade detalory Store Laura house

burded - 6/20/60 belly bill second barrens baltharm Co. Jul.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) D. INSIDE CITY LIMITS? YES T NO 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. last birthdoy 12. CITIZEN OF WHAT COUNTRY? (State or foreign country) C1.5 A ADDRESS NORTON BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH (If In Boltimore City, give exoct location) 21F. HOW DID INJURY OCCUR? ond that in (my) (our) aplaion death accurred on the date 23 B. DATE SIGNED 24D. LOCATION (City, town, or county) (State) WOK ADD,RESS VS 150-REV, 1/1/6B



69 6197

MEDICAL EXAMINER'S	CERTIFICATE	OF	DEATH	R
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MEDICAL EXAMINATES	CLKIII ICAIL OI DLAIII REG. NO			
BIRTH NO.	REG. 140.			
NAME OF DECEASED	2. DATE Known Month Doy	Yeor Hour		
DAVEY LEE 非常集静存珠漆 COLDIRON	DEATH Estimoted June 17, 196	9 4:54 P M.		
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour		
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET INSPITAL OR INSTITUTION GIVE STREET INSTITUTION	PRONOUNCED DEAD June 17,1969 5. USUAL RESIDENCE (Where deceased lived. If institution:	4:54 P. M.		
SOUTH BALTIMORE GENERAL HOSPITAL	A. STATE Maryland B. COUNTY	26 33 -00		
SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CIT	Y LIMITS?		
Male White WIDOWED DIVORCED	Baltimore YE	s NO		
DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	E. STREET AND NUMBER			
7/23/1933 35 横端	5113 Brookwood Road			
1. BIRTHPLACE (State or foreign caunity) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME			
West Virginia WHAT COUNTRY?	Jess Coldiron			
4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR ope, during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME			
aintenance Trucking	B Sally Bailey			
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO.	18. INFORMANT AD	DRESS		
6. WAS DECEASED EVER IN U.S. ARMED FORCES? (*es, no or unknown) (If yes, give wor or doles of service) Yes 17. SOCIAL SECURITY NO. 215-30-82	87 Mrs. Lorraine Geshen	1626 Pleasant,		
19. CAUSE OF DEA	ATH	APPROXIMATE INTERVALABLE BETWEEN ONSET AND DEAD		
DISEASE OR CONDITION DIRECTLY Crani	o Cerebral Injuries	DETWEET GROEF AIRD DEPART		
LEADING TO DEATH				
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:			
injury or complication which coused death.)				
AAIRCORD FAIR CALIGO		19 10 10 10 10		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING (8) DUE TO, OR	R AS A CONSEQUENCE OF:			
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				
Z UNDERLYING CONDITION EAST. (C)				
1				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
DISEASE OR CONDITION GIVEN IN PART 1 (A).	WAS 2722-224FB	To a second (V and 1)		
20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W	VAS PERFORMED	21. AUTOPSY? (Yes or No)		
		yes		
✓ 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- 228. PLACE OF INJURY (e.g. home, farm, factory, street, offi	., in or obout 22C. WHERE DID (If in 8oltimore City, give exortice bldg., etc.) INJURY OCCUR?	ct locotion)		
UTING CAUSE OF DEATH. Home	5113 Brookwood Road			
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED				
(APPROX.) June 7,1969 4:00 Am. WORK	WORK Subject fell down stair	S		
23. I certify that I held on Inquiry Inspection A	utopsy and that on this basis, deoth In my	onlnion		
resulted from: Notural couses Accident Suici	ide			
ACTUAL A LI MILLE ALL		DATE SIGNED		
SIGNATURE M. M.				
EXAMINER'S Ronald N. Kornblum, M.D. NAME (Type)	ASSOCIATE MEDICAL EXAMINER	6/18/69		
24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town	, or county) (State)		
Burial 6/20/1969 Baltimore National Baltimore, Maryland				
JUN 19 1969 Judg E. Jacker, M.	aymond C? Fink Glen	Burnie, Md.		

West Virginia D. S. A. Jess Coldinon

sintenance Trucking # Sally Bailey

Yes Korean 215-30-8287 Mrs. Lorraine Geshen 1026 Filenaso

IMPORTANT DIRECTOR: FUNERAL BALTIMORE CITY HEALTH DEPARTMENT institution; residence before demission) D. INSIDE CITY LIMITS? YEST NO If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) ond that in(my) (aur) opinion death occurred on the date 238, DATE SIGNED ADDRESS 9610

and may and

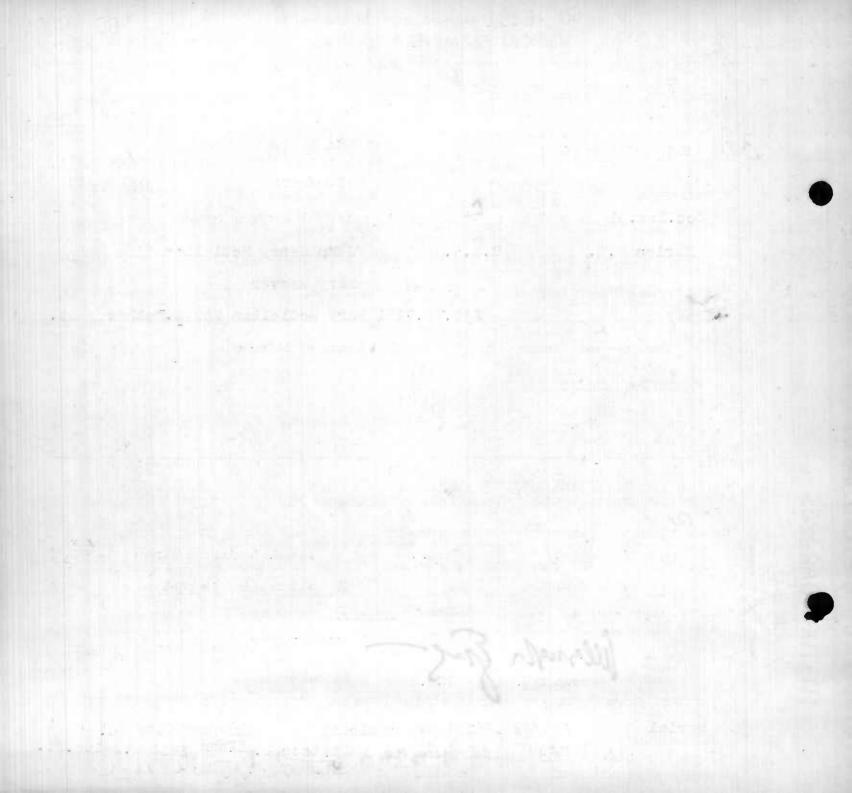
			CC	0.	100	BALTIMORE CITY	HEALTH DEPARTME	NT			00		0400
BIE	RTH NO.		69	0.	199	CERTIFICA	TE OF DEAT	TH	REG	. NO	69		6199
	AME OF DEC	EASED											
(Ту	pe or Print)	WΔ	DE. M	ATTIE	М			UNE 1					0 504
3.	PLACE IN BAL					D DEAD	4. USUAL RESIDENCE			969			8:50A N
						D DEAD	A. STATE B.	COUNTY	necesses i	ived. II in	stitution; jesi	dence	belore odmission)
FU	LL NAME OF	(IF NO	TIN HOSPIT	AL OR INS	OITUIT	, GIVE STREET	MARYLAND				15	-	21
IN	STITUTION	ADDIL	33 OK LOCA	A IION/			C. CITY OR TOWN			D. INSI	DE CITY LIM	ITS?	
Г	1	T2	AGNES	HOSP	ITAL		BALTIMORE	E			YES X		NO
	40	911	A GITE 5	11031	IIAL	•	E. STREET AND NUM						
_							640 BRISE	BANE	RD	2122	9		
5. 5		6. RACE		7. MARRI	DN	EVER MARRIED	8. DATE OF BIRTH	9.	AGE (In y	eors	If Under I Months; D	Yr.	Il Under 24 Hrs.
	EMALE	WHIT		WIDOW		DIVORCED	09/02/96	los	birthdoyl		Months D	oys	Hours Min.
10A	USUAL OCC	UFATION (Giv	e kind of work	108. KIND	OF BUSI	NESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign	country)		12. CITIZE	N OF	WHAT COUNTRY
	during most of												-
	TIRED		KER				MARYLAND				U.S	.A	
							14. MOTHER'S MAIDE	NAME					
FF	REDERIC	K LIN	K				BARBARA (NE	EE SC	CHOLL)			
IS.	Was Deceosed , no or unknown	Ever in U. S	Armed For	ces?	1 6. 5	OCIAL	27				Brisban	DDRE	22
	NE	1 700, 9.10	1101 01 0010	a of selvice	" °	ECURITY NO.	ST. AGNES	LIDUR	Wade	640 E	risban	e l	Kd. 21229
	18.	m 13.				NONE CAUSE OF DEATH		позн	TIAL	KEC			
	15	E OR CON	DITION			CAUSE OF DEATH	1				BET	APPRO WEEN	XIMATE INTERVAL ONSET AND DEATH
		LEADING T		ECILY			SE Chranoma	. 7	21611	. 0			
	(This does n	ol mean the	mode of	dving. e.	σ.,	(A) IMMEDIATE CAU		11	YLLALLA				
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)													
				death.)									
		NTECEDEN				(8)					- 1		
	nise lo lhe	R CONDIT	IONS, II	any, givin	ng	DUE TO, OR AS	A CONSEQUENCE OF:	************	***********	**********			
	UNDERLYING	CONDITIO	N last	stating It	10	(c)							
ŀ	-	- 11				(6/							*************
Z	OTHER SIGNIFI		ITIONS COM	ATRIBUTING	3								
Ĕ	TO THE DEATI	H BUT NOTRI	LATED TO TH	IE TERMINA	ĭ	***************************************							
ERTIFICATION	19A. DATE OF	OPERATION	198. CON1	DITION FOI	WHICH	OPERATION	20A. AUTOFSY? (Yes	or No) 2	OR IF YES	WEDE E	INDINGS CO	ALIELE	V282
E	0		WAS PERF	ORMED				II.	CERTIFY	NG CAU	NDINGS CO	TH?	PERED
υI	21A. ACCIDEN	T WAS UND	ERLYING	2	I B. PLAC	E OF INJURY (e.g., in	or obout 21 C. WHERE D	מוס	III In	Raltimara	Cltrlucio	and In	
∢	OR CONTRIBU	TING CAL	ISE OF T	lh:	ome, form	n, foctory, street, aff	ce bldg. INJURY OCCL	U 10.7	ht 10	bonmore	City, give e	XOCI 10	cotion
o c	21D. TIME												
5	OF INJURY	(Month) (D	oy) (Teori			RY OCCURRED	21F. HOW DI	D INJURY	OCCUR?				
	(APPROX.)			V	Vhile At	Not While							
	22. I certify	that (1) (thi	s haspital)	ottended	the dec	ensed from JU	NE 3	106	9_to_	JUNE	16		69
	that (I) (we)	last saw th	e decenses	d allve on	JUN	E 16	19 69			OONE			19 09
								nd that I	n(my) (o	ur) apin	lan death a	ic c ur	red on the date
,	and naur and	tram the co	ouses state	ed abave.	(I) (We)	(did) (did not) vi	ew the bady after de	eath.					
ľ	O O		0/	Doda		2	11.00				238. DATE S	IGNE	
		nucle	do x	Jack	, rui	DEGREE Phys.	ding Med.	Staff	X		6-16	-6	29
1	PHY SICIAN	4"S pe)			160	Dr. Once	D ADDRESS			A D.VI	AND C	100	10
		mual	do 0	1. 17.4	25	110.		IMOR	,	ARYL		122	
4A.	BURIAL CREA	ATION, 1248	DATE	24C-1	NAME OF	CEMETERY OF CREA	T, AGNES H	105P;	CAIO	N & 1	WILKE	NS	
	REMOVAL (S	pecify)						4D. LOCA			, town, or co	ounty)	(Stole)
E A	Burial		6-19-69			n Park Ceme			more,	Mary	Land		
JA.	DATE REC'D	4 0		25B. NAME	3 - 1		25C. FUNERAL DIRE	CTOR		/ 1 0 7	T7:11 -	ADD	RESS 21220
_		JUN 18	1969	Valer	3 E. 4	aber M.D.	CHoward H.	. Hubl	bard	410/	wilken	s A	ve. 21229
15 1	50-REV. 1/1/6	8											

RIG	TH NO.		MILL	ICAL	LAMMINERS	LKIIII	CAILOI	DLAII	REG. NO.			
	NAME OF DEC	FASED				2. DATE	Knawn 🔲	Month	Day	Year	Hour	
	De or Print)			7.		OF	Estimoted X	741011111	Duy	1001	1,001	
-	NAO		S.		AWKINS	3. DATE	Estimoted M			V	NI	<u>M.</u>
					NOUNCED DEAD		UNCED DEAD	Month	Day	Year	Haur	
HO	L NAME OF SPITAL	ADDRE	ESS OR LOCA	TION)	TUTION, GIVE STREET	1	011015 51115	June	17,	1969	1:50) A. _{M.}
OR	INSTITUTION					5. USUAL R	ESIDENCE (Where			n: residence	efare admi	ission)
	Maryla	nd Gen	eral H	ospita	1	A. STATE Mai	yland	В	COUNTY	12	-0	5
6.	SEX	7. RACE		8. MARRIE	D NEVER MARRIED	C. CITY OF	TOWN		D. INSIDE C	ITY LIMITS?		2.77
	female	wh	ite	WIDOWI		Bal	timore		Υ	ES X	NO 🗌	
9.	DATE OF BIRT	H	10. AGE (II		If Under 1 Yr. If Under 24 Hrs.	E. STREET	AND NUMBER					
	8-10-19	919	lost birthda		Months, Days, Hours, Min.	183	30 St. Pau	1 Stree	et			
11.	BIRTHPLACE (S	state ar fareig	gn country)	1	2. CITIZEN OF	13. FATHER	'S NAME					
	Vir	gin ia			WHAT COUNTRY? U. S. A.	Dam	D Cmo-					
144			e kind of work	14B. KIND	OF BUSINESS OR INDUSTR	115. MOTHE	os R. Gray	AF				_
	e during most of v											
	Packer				Humor Co.		da (Unknow	7n)				
	WAS DECEAS s, no ar unknawn				17. SOCIAL SECURITY NO.	IB. INFOR	MANT		A	DDRESS	Virg	inia
(10	No	(ii yes, give v	war or dates	or service,	SECORITI NO.	Brad1	ey Funeral	. Home,	187 E.	Main	St. I	uray
	19.	66	X		CAUSE OF DEA	тн					PROXIMATE I	
		E OR COND		CTLY	Stabwoun	d of He	eart and L	ung				
		LEADING TO			(A)IMMEDIATE	AUSE						
		at mean the , osthenio, etc			DUE TO, OR	AS A CONSEC	UENCE OF:					
		nplication whi										
										- 40		
		NTECEDENT		CIVING	(B)	AS A CONSE	QUENCE OF:	ner director are assument for stordar for stordar for stordar f				
	RISE TO THE	OR CONDITI	USE (A) STA	TING THE	DOE 10, OK	AS A CONSE	QUENCE OF:					
z	UNDERLYIN	NG CONDIT	ION LAST.		(c)							
Q			II							,		
CERTIFICATION	TO THE DEA	ATH BUT NOT	NDITIONS CO	THE TERMIN								
誾		CONDITION										
3	ZOA. DATE OF	OPERATION	N 20B. COI	NDITION F	OR WHICH OPERATION W	AS PERFORM	MED				PSY? (Yes	ar Na)
0	2/										Yes	
K		NAL CAUSE		2	2B. PLACE OF INJURY(e.g.,	in ar about	22C. WHERE DID	If in Boltimore	City, give ex	act lacation)	201	2
님	UNDERLYING			h	ome, farm, factory, street, affice	e bldg., etc.)	1830 St.	Paul 9	Street	12	-01	2
MEDI	UTING CA		Day) (Year	r) (Haur)		-	22F. HOW DID IN.			****	tabbo	4
Г	OF INJURY	(mann) (c	ouy) (real	, (11001)	WHILE AT NOT	WHILE			_			
	(APPROX.)	UNK		UNK r	n. WORK AT V	WHILE X	Was found	in bed	i - mat	tress	on II	re
	23.	ify that I h	eld on I	nguiry [Inspection Au	topsy X	and that on th	ie hosis /	leath in my	opinion		
	resul	ted from: N	loturol cou	ses	Accident Suici			Undetermin				
			An a	0/1	1	,	CHIEF MEDICAL E	XAMINER			DATE SIG	NIED
	ACTUAL		1/1001	IKU	1 m	ASS	ISTANT MEDICAL E	XAMINER	X		DATE SIG	HAED
	SIGNATI		Werner	U. SI	oitz, M.D.).	OCIATE MEDICAL E				6/17	/69
	NAME (1	(ype)			U							
	A. BURIAL CRE		24B. DATE		24C. NAME of CEMETERY	ar CREMAT	DRY 24D.	LOCATION	(City, taw	n, ar county) (St	ate)
KE	MOVAL (Speci Buria		6-20-6	50	Stanley Ceme	terv		Stanle	v. Vire	inia		
-				_								
25	A. DATE REC'D	PA HEALLH	9 1000		ME OF REGISTRAR		FUNERAL DIRECTO			ADDRESS)7 Will	cens A	ve.
		JUN 1	9 1969	June	w E. Jarber M.D	HU	bbard, Ho	waru n	• 410	, HILL	212	229
L	151-REV. 1/1/6E	<u> </u>	15	7	3 7 11 1	16	1 9 0					

69	62
	0

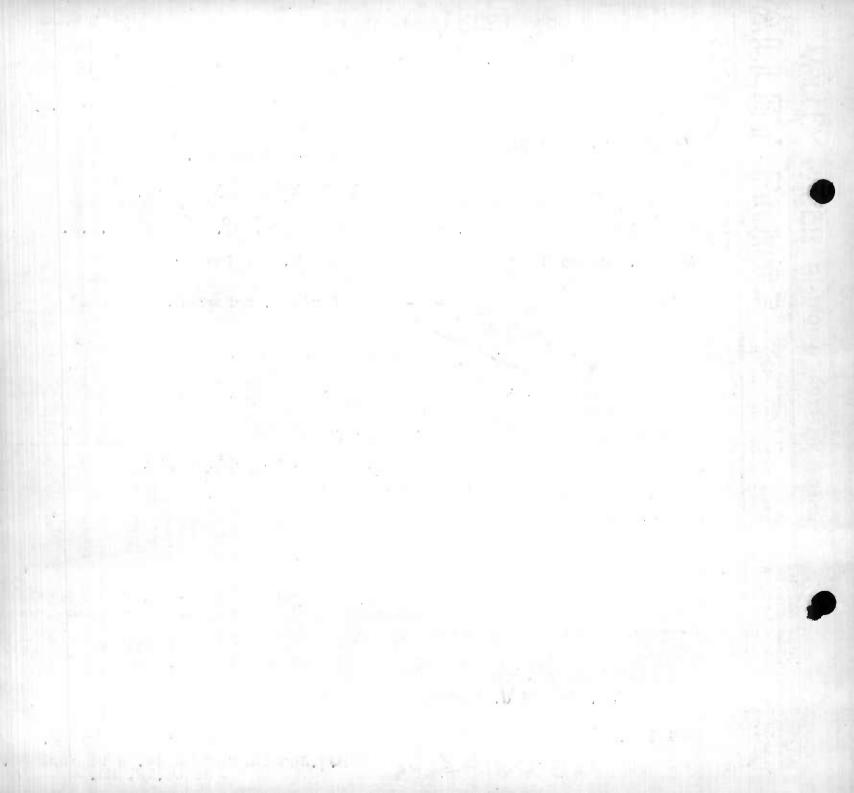
m-244		69 ME	6201 BAI DICAL EXA	LTIMORE CITY HE			DEAT	H REG. NO.	69	6201
	I. NAME OF DEC (Type or Print) JOHN	CEASED HENRY	MC CLELLAN		2. DATE OF DEATH	Knawn X	Manth	Day	Year	Haur
		TIMORE, MARYLAND,		CED DEAD	3. DATE		Manth	Day	Year	Haur M.
	FULL NAME OF HOSPITAL	(IF NOT IN HOSP ADDRESS OR LO	TITAL OR INSTITUTION, CATION)	GIVE STREET	PRONOU	NCED DEAD	June	16,	1969	2:45 PM
28	OR INSTITUTION				A. STATE	SIDENCE (Where	e deceased liv	ed. If institution B. COUNTY	n: residence b	elare admission)
	Univers	sity Hospita 7.RACE			C. CITY OR	yland		D. INSIDE C	ITV 1 IANITS 2	-05
	male		B. MARRIED AN			timore			_	🗖
	9. DATE OF BIRT			DIVORCED 1 Yr. If Under 24 Hrs.		ND NUMBER		Y	ES 🔠	NO L
	Oct.lst	last birth	day) Manths [Days Haurs Min.	210	5 Edmonds	on Asse	nue		
		state ar loreign country) 12. CITIZ		13. FATHER'S		on Ave	nue		
	Marion	N.C.		T COUNTRY?	John	Hemry	MeCle	llan		
	dane during mast of v	N.C. PATION (Give kind of wa varking life, even if retired	rk 14B. KIND OF BUSI	NESS OR INDUSTRY	15. MOTHER	'S MAIDEN NA	ME			
and a first of the					Mary	Weaver				
	(Yes, na ar unknawn)	ED EVER IN U.S. ARM (If yes, give war ar date	es af service)	SOCIAL SECURITY NO.	IB. INFORM				DDRESS	
	Yes	7 F V	24	5.36.725] CAUSE OF DEA		McClell	an 75	9 W.Mu	lberr	V St.
	=	160 1				- C A L J				EEN ONSET AND DEATH
		E OR CONDITION DII LEADING TO DEATH	RECTLY	-		of Abdon	ien			
	(This does n	at mean the made of , asthenia, etc. It means	dylng, e.g.,	DUE TO, OR	AS A CONSEQU	JENCE OF:				
		nplication which caused o							3/	
	1A	NTECEDENT CAUSES		(B)					15.6	
Mary Side	DISEASES O	OR CONDITIONS, IF A	NY, GIVING TATING THE	DUE TO, OR	AS A CONSEQ	UENCE OF:				
	UNDERLYIN	NG CONDITION LÁST	•	(c)						
	OTHER SIGN	II.	CONTRIBUTION		- 1					
		ATH BUT NOT RELATED CONDITIONS	TO THE TERMINAL							
	20 A. DATE OF	F OPERATION 20B. C	ONDITION FOR WHI	CH OPERATION W	AS PERFORMI	ED			21. AUTO	PSY? (Yes ar Na)
	Ü								Y	es
		NAL CAUSE WAS	22B. PLAC	E OF INJURY(e.g., m, factory, street, affic	in ar about 22	C. WHERE DID	(If in Baltima	re City, give ex	-	1801
	□ UTING □ CA	OR CONTRIB-	name, lar	Poolroom		948 W. I	exingt	on Stre	et	10-01
	≥ 22D. TIME OF INJURY		, (,	NJURY OCCURRED	22	F. HOW DID IN	JURY OCC	JR? Subj.	shot	during
	(APPROX.)	6/14/69 UN	K m. WHILE	AT W	WHILE X	altercat	ion ir	poot r	coom	
	23.	ify that I held on	Inquiry Ins	spection Au	tapsy X	and that an t	his basis.	death in my	aninian	
		ted fram: Natural c		tent Suicio				ned manner		
		1.100	1 90	1		HIEF MEDICAL I			- 44	
	ACTUAL		yes fr	M.D	ASSIS	TANT MEDICAL	EXAMINER	K		DATE SIGNED
	EXAMIN	ER'S Werne	r U. Spitz,			CIATE MEDICAL I	EXAMINER			6/17/69
	24A. BURIAL CREA		124C N	AME of CEMETERY	or CREMATO	RY 24D	LOCATION	(City tow	n, ar caunty)	(State)
	REMOVAL (Speci	fy)								(Sidie)
	Burial	BY HEALTH DEPT.		timore Na	tional	UNERAL DIRECT	ltimo	reCit	DDDECC	
	ZJA. DAIE REG D	JUN 19 196	9 Pales E.	Jaben M.D.	Ste	tson D.	Wilson	1 1913	W.Bal	Lto.St.

VS 151-REV. 1/1/6B



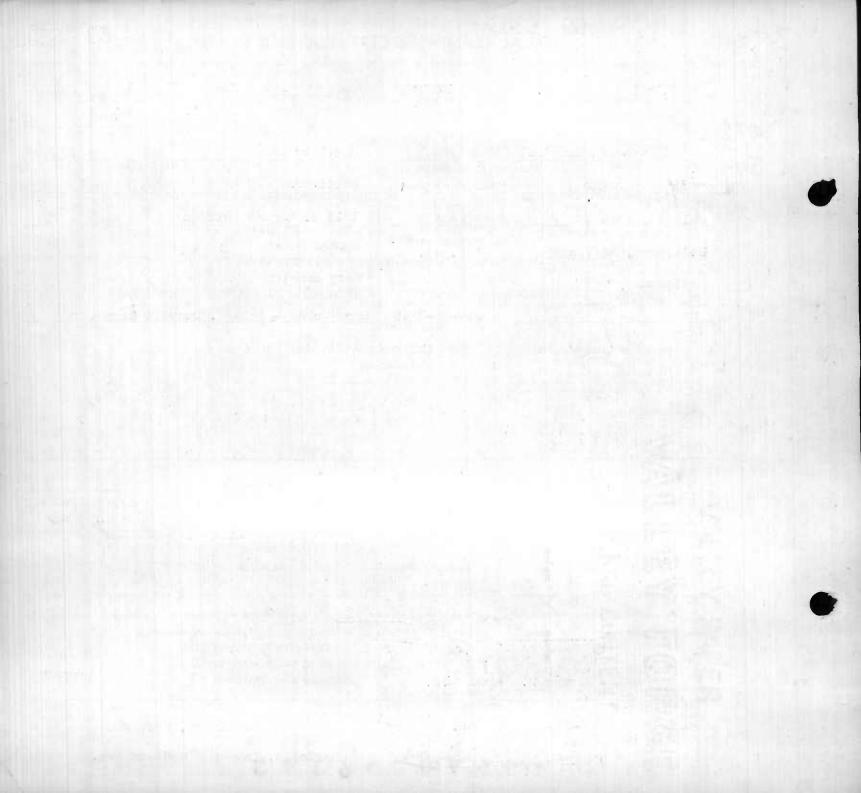
VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



0-2/20

		69 MED	520 ICAL	is . Ex	XAMINE				OF	DEAT	H REG. N	10	65	9	620
BIRTH NO.											KEG, I	VO			
1. NAME OF DEC (Type or Print)	EASED						2. DATE OF	Known		Month	Doy	,	Yeor	Hour	
THOMA	S	C			DUKE	S	DEATH	Estimo	ted 🔀	June	17	1	969		:30 Au
4. PLACE IN BALT							3. DATE	UNCED DI	CAD	Month	Doy	,	Yeor	Hour	
HOSPITAL OR INSTITUTION		OT IN HOSPITA		TITUTI	ON, GIVE STREE	T				June deceosed liv	17,	19 ution: resid			:40 Am
Lu	therar	n Hospi	tal (DOA	4)		A. STATE Mary	yland			B. COUNT	ΓY	11	0 -	04
	7. RACE	- 1100F-			NEVER MAR	RIED	C. CITY OF				D. INSID	E CITY LIA	MTS?		- 1
male	negr	0	WIDOV	-	_	RCED	Bal:	timore				YES X	l N	10	
9. DATE OF BIRTH		10. AGE (I	n yeors	If U	nder 1 Yr. If Under ths : Doys : Hou	er 24 Hrs.	E. STREET	AND NUM	BER			110			
July 13.	1948	lost birthdo	ν)	MOII	ilis i Doys i Hou	i wan.	181	5 W. L	anva	le Str	eet				
11. BIRTHPLACE (S		ign country)			CITIZEN OF		13. FATHER	S'S NAME							
Baltimore	a Mar	basis		1	WHAT COUNTR		Thon	nas Du	kes						
14A.USUAL OCCU	PATION (GI	ve kind of work	14B. KINI	OF	BUSINESS OR	NDUSTR	15. MOTH	R'S MAID	EN NA	ME					
done during most of w		ven if retired)					Mary	Brax	ton						
16. WAS DECEASE	ED EVER IN	U.S. ARMEI	FORCE	S?	17. SOCIAL SECURITY	NO	18. INFOR	MANT				ADDRE	SS		
no	fit yes, give	wor or doles	OI SELVICE	")	214-50-3		Lena	Dukes	- 1	815 W.	Lanva	le S	tree	t	
19.	19					OF DEA		- 4,,,,,	allo Y			1100	APPR	TAMIXOS	E INTERVAL
DISEASI	E OR CON	DITION DIRE	CTIV		Na	arcot	ic Add:	iction					0011466	.14 01436	A A A
	LEADING T					MEDIATE (25		
(This does no	of mean the	mode of dy	ring, e.g.,				AS A CONSE	QUENCE OF	:	,					
injury or com	plication wh	ich coused de	oth.)							1				,	
AA AA	NTECEDEN	CAUSES			(n)									/	
DISEASES	OR CONDIT	IONS, IF AN	Y, GIVING	,	DU	E TO, OR	AS A CONS	QUENCE C	F:	· y - a a a a a a a a a a a a a a a a a a	<u> </u>			٠,	
UNDERLYIN		AUSE (A) STA TION LAST.	IING ING		(c)										
<u> </u>		11			(0)		***************************************						-		127
OTHER SIGN		NDITIONS C													
		T RELATED TO			*******					~~~					
20A. DATE OF	OPERATIO	N 20B. CO	NOITION	FOR	WHICH OPERA	W NOITA	AS PERFOR	MED				21.	AUTOP	SY? (Y	es or No)
O											J	Scot .	Y	es	100
22A. EXTERI	NAL CAUSE			22B.	PLACE OF INJ	URY (e.g.,	in or obout	22C. WHER	E DID	(If in Boltimo	re City, give	e exoct loc			
UNDERLYING UTING CA 22D. TIME				Home	e, lottin, tocioty, s	ineer, one	e blag., etc.)	11470K1 O	LCOK:						
22D. TIME ((Doy) (Yea	r) (Hou	17) 2	2E.INJURY OC	CURRED		22F. HOW	DID IN	JURY OCC	JR?	Comments.			-
(APPROX.)					WHILE AT WORK		WHILE CORK					-			
23.		10		_		_ [4]					21	6,34			
I certi	ify that I	held on I	nquiry [Inspection	Au	top sy X	ond th	ot on t	his basis,	deoth in	my opin	ion		
result	ed from:	Notural cou	ses 🛛	Α	ccident	Suici	de 🗌 H	omicide [Undetermi	ned mann	er 🗌			
		10.			0	1		CHIEF ME	DICAL	EXAMINER				DATE S	IGNED
SIGNATU	IRE A	We 1 12	1	7/	1	, M.E	ASS	ISTANT ME	DICAL	EXAMINER	X			MIL J	IOITED
EXAMINI	ER'S	Werner	U. S	pit	z, MD.			OCIATE ME	DICALI	EXAMINER				6/17	7/69
NAME (T				1)		F445==51/	CD54447	- BV	Toin	LOCATION	10				(0) ()
24A. BURIAL CREA REMOVAL (Specif Burial		24B. DATE 6-21-6	59	24	Mt. Cal		or CREMAI	ОКЧ		Baltimo		town, or o		,	(Stote)
25A. DATE REC'D	BY HEALTH			VAME	OF REGISTRA	-	25C.	FUNERAL			,	ADDRE			
1	10	1000 (22.0	3	Jarber &	L.D.		arles			2 Mad	lison	Ave		
	MIA	1202	AND CONTRACT		2 7 4		0.16		2						
VS 151-REV. 1/1768		pm + 4													

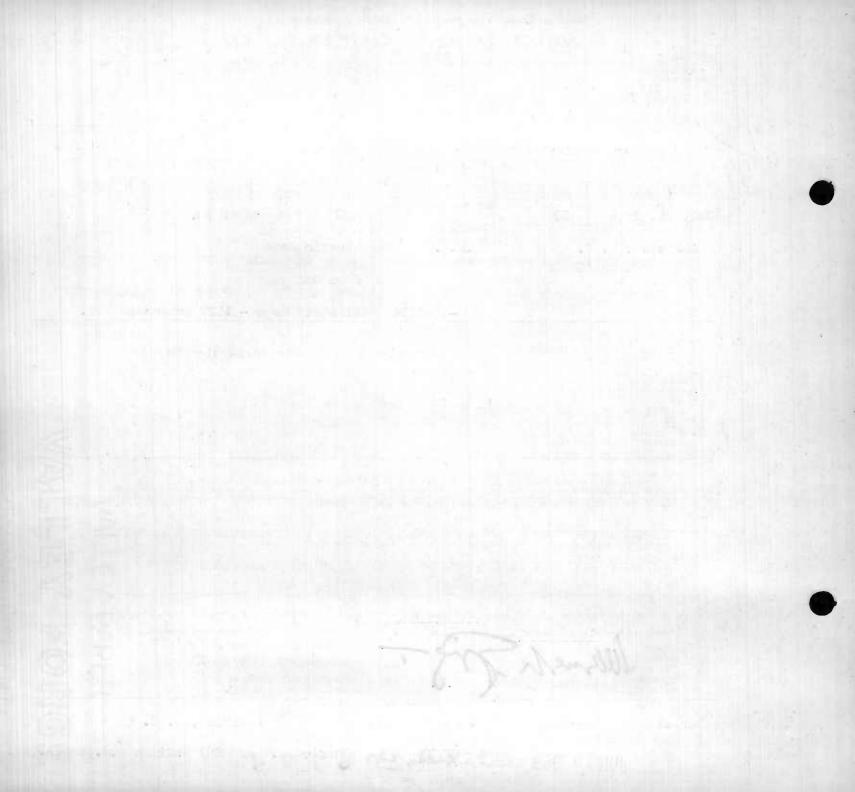


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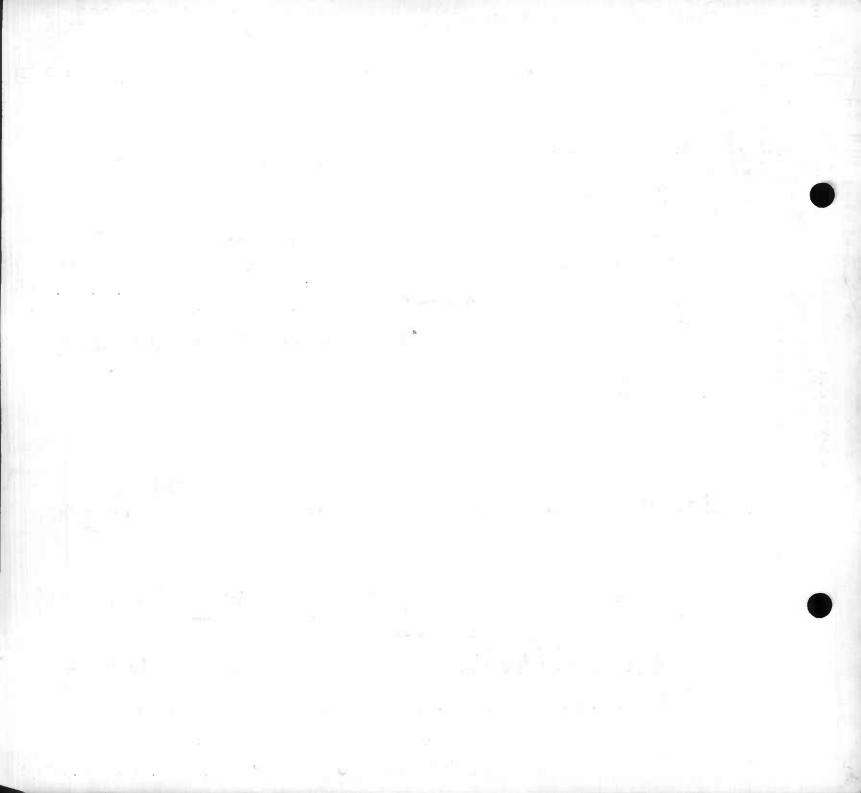
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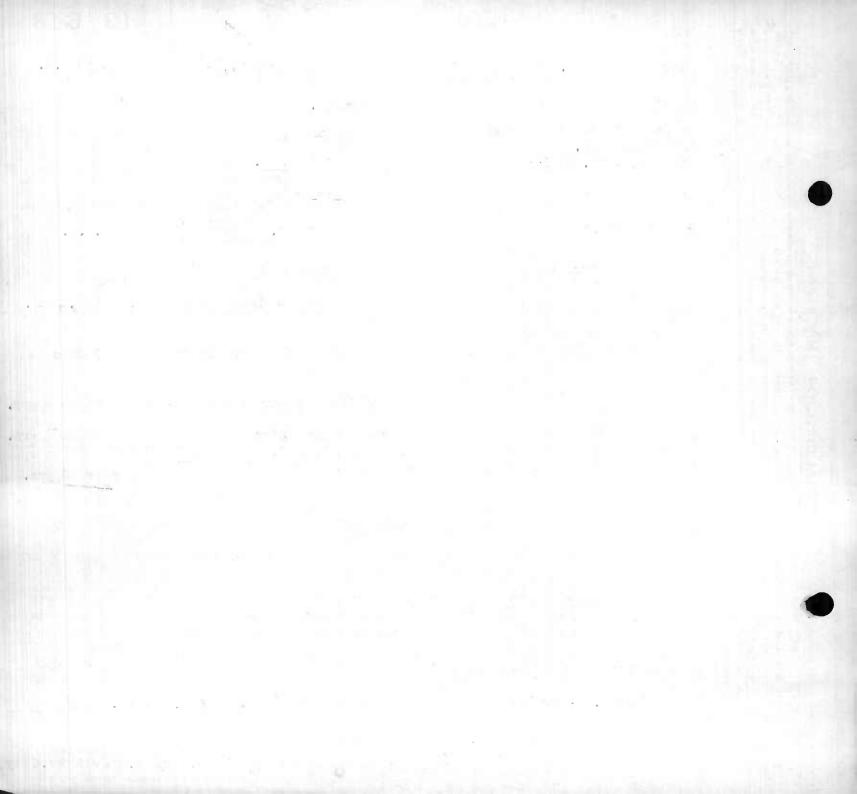
MEDICAL EXAMINER'S CE	RTIFICATE OF DEATH,
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BIRTH NO.							REG. NO.			
NAME OF DECEASED				2. DATE	Known 🗌	Month	Doy	Yeor	Hour	
Type or Print) WILLIAM	WALTE	3	PAGE	OF DEATH	Estimoted 😾					M.
. PLACE IN BALTIMORE,	MARYLAND, V	VHERE PR		3. DATE	21.	Month	Doy	Yeor	Hour	141.
ULL NAME OF (IF		AL OR INST	TITUTION, GIVE STREET		INCED DEAD	June	15,	1969		D P _M
Lutheran	Hospital	(DOA)	A. STATE	esidence (Wher yland		ed. It institution	residence	A	3
SEX 7. RACE		-	ED NEVER MARRIED	C. CITY OR			D. INSIDE CI	TY LIMITS?		-
male ne	aro	WIDOW		Ralı	imore			ES 🔀		
DATE OF BIRTH	gro		If Under 1 Yr. If Under 24 Hrs		ND NUMBER		Υ!	ESLA	NO L	
uly 25, 1916	lost birthdo		Months Doys Hours Min		7 Edmonds	on Aven	ue			
BIRTHPLACE (State or fo	reign country)		12. CITIZEN OF	13. FATHER	SNAME					
Lakeview, S.	. C.		WHAT COUNTRY?	Aus	tin Page					
		14B. KIND	OF BUSINESS OR INDUST			ME				
ne during most of working life	e, even if retired)				Gaddy					
Meet Pumper	INTIL C ADALE	FORCES	n III SOCIAL	IB. INFORM	-		Α.	DDRESS		
. WAS DECEASED EVER es, no or unknown) (If yes, gi	ive wor or dotes	of service	SECURITY NO.							
No			238-18-2174	Eliza	beth Page	- 3527	Edmon			
19. 4 19 1	1		CAUSE OF DE	ATH					APPROXIMATE IN	
DISEASES OR CONE	CAUSE (A) STA	TING THE	(C)	R AS A CONSE	QUENCE OF:					
OTHER SIGNIFICANT TO THE DEATH BUT I DISEASE OR CONDITI	NOT RELATED TO ON GIVEN IN P	THE TERM	INAL							
20A. DATE OF OPERAT	TION 20B. CO	NOITION	FOR WHICH OPERATION V	WAS PERFORM	IED			21. AUT	OPSY? (Yes	or No)
									No	
DEPTH OF INJURY (APPROX.)	ONTRIB- DEATH.		WHILE AT NO	ice bldg., etc.) I	2C. WHERE DID NJURY OCCUR? 2F. HOW DID IN			oct locotion		
I certify that resulted fram ACTUAL SIGNATURE EXAMINER'S NAME (Type)	: Natural car	1	Inspection X A	utapsy Dide Ha	and that an an anicide Chief MEDICAL STANT MEDICAL DCIATE MEDICAL	Undetermin EXAMINER EXAMINER	ed manner		date sigi 6/16/69	
4A. BURIAL CREMATION,	24B. DATE		24C. NAME of CEMETER	Y or CREMATO	DRY 24D	LOCATION	(City, tow	n, or count	y) (Sto	ite)
EMOVAL (Specify) Burial	6-21-6	9	Union Cemete			akevie				
A. DATE REC'D BY HEAL	TH DEPT.	25B. N	AME OF REGISTRAR	25C.	FUNERAL DIRECT	OR	-	ADDRESS		
. 1411	N 1 9 196	9 0	Bed E. Harber M.	Oha	rles R.	aw 802	2 Madis	on Av	e.,Balt	:0.,



HESBA	643	16	3-55	~	0000	BALTIMORE CIT	Y HEALTH DEPARTMENT		CO	6205
27 Z	T C T A.C			5 69	6205	CERTIFICA	TE OF DEATH	REG. NO	69	0200
The same	S S S S S S S S S S S S S S S S S S S		TH NO.	EA SED						
ston.	- 0 0 E		pe or Print)		TNT TZ - 4-	herine walt		AND HOUR OF DEAT		
00000	2 0 0 0 E	3.	PLACE IN BALT	TIMORE MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (W. A. STATE B. COL	6/1' here deceased lived. If	7/69 institution: re	12:13 PW esidence before admission
ENT.	danie	FU H (LL NAME OF	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITU	UTION, GIVE STREET	Maryland c. City OR TOWN	Balto.	SIDE CITY LI	MITS2
	5 5 5	10					Riderwood	1	YES 🗍	No 🗌
75	D D D D D D D D D D D D D D D D D D D	5	The Jo	hns Hopkin	s Hosp	ital	E. STREET AND NUMBER Riderwood	Margaria		
<u>a</u>	0.0	5. 9	EX	6. RACE	7. MADDIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE Un yeors		
49	S S S S		Eemale	white	WIDOWED	DIVORCED	5/14/09	last birthday) 60	If Under Months	Doys Hours Min.
200P	in r	don	. USUAL OCCU e during most of w	PATION (Give kind of wor rorking life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or fo	reign country)	12. CITIZ	EN OF WHAT COUNTRY?
40	if dea rect or (4) Unc was the d spositi		NO.				Johnstown, Pe	enna.		USA
40	if dect way	13.	FATHER'S NAM				14. MOTHER'S MAIDEN N.	AME		
누	## A E #		1	G. Ellis				lters (CAR	RIE WA	LTERS)
A	star ind eat eat	(Yes	, no or unknown)	Ever in U. S. Armed Fo (If yes, give war or dol	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT: HUSE	AND	Balto	ADDRESS Md. 21139
72	SS. Tandarin		NO			216-46-3953	Charles E. Bi	enemann, P		
0	his a fo, if any nced enda d or		18. 15	3,0		CAUSE OF DEAT	'H			A DDD COVILLA SEE ALLESS AND A SECOND ASSESSMENT OF THE SECOND ASSESSME
IMPORTAN	Also, e of connounce atten		DISEASE	E OR CONDITION DI	RECTLY	142	2CINOMA	of CEC	UM	1600A
-			(This does no	t meen the mode of	dying, e.g.,	DUE TO, OR AS	A CONSEQUENCE OF:			Accord.
OR:	ner. actur pro- pro- ular mbai		injury or comp	asthenia, etc. It means dication which caused	the disease,					0
0	fra		. А	NTECEDENT CAUSES					- 1	
5	A A Wh	1	DISEASES OF	R CONDITIONS, if	any, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:	****************		
DIRE	(3) (3)		rise to the	above cause (A)	staling the	(c)				Ψ.,
<u> </u>	dical dical urns; rsicia was main			11		(0/************************************				***************************************
AL	bedi ber hys	o O	OTHER SIGNIFIC	CANT CONDITIONS CO	NTRIBUTING					
	TE Y TE P	AT	DISEASS OR CO	NDITION GIVEN IN PAR	T 1 (A).					
FUNER	hie ho d	E	The Later of	OPERATION 198 CON	FORMED		20A. AUTOPSY? (Yes or N	IN CERTIFYING C	FINDINGS AUSES OF D	CONSIDERED
5	by e	8	21A. ACCIDENT	WAS HNDERLYING	UTEST.	CRSTRUCTIC	n or obout 21 C. WHERE DID			NO
	tal by: (2) here No ph	1.4	OR CONTRIBUT	RING CAUSE OF	home etc.)	e, form, foctory, street, a	ffice bldg. INJURY OCCUR?	fit in poilim	ore City, give	exoct location)
	ospi atur pt w (6) r		21 D. TIME ((Month) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
	hos natu Gept d (6)	>	(APPROX.)		Whil	e At Work	° 🗆 🖊			
	54 5 × 84		22. I certify t	hat (this hospital) attended th		5/21	10 69 10	10/1	7 10/09
	da fort (a)			ast saw the decease		6/17	19 69 ond t	hat In(my) (aar) ap	inlon deoti	occurred on the date
	04 05 FT		and hour and	from the causes sta	ted_above. (1)	(did) (did not)	lew the body ofter death.			
	eased ident ident nospit deat		23A. SIGNATUR	E 1 1/	1 0	- 15	,		238, DATE	SIGNER
	released accident a hospi r to dea		XW	MAK	CONO.	WW MO Atto	nding Med.	Staff Phys.	6	17/66
			NAME (Typ	TS (e)		DEGREE	23D. ADDRESS	,		1100
	y was rel (1) An acc 3.A. at a l d prior to			mes R. K.	Condon.	M.D. DEGREE	The Johns H	lonking Ho	anita:	
	certificat sody was s: (1) An D.O.A. at ased pric	24A	BURTAL CREM REMOVAL (Sp	ATION, 248. DATE		ME of CEMETERY OF CRE	MATORY 24D.		Spita.	
	This certifue body shows: (1) was D.O. deceased written a		CREMATIC		89 1.	oudon Park C	emetery Ro	ltimore, M	arvlar	d
	This ce the boo shows: was D. deceas writter			Y HEALTH DEPT.	258 NAME OF	FREGISTRAR	25C. FUNERAL DIRECTO	B-	ar j rail	ADDRESS
	大学 ない はん			JUN 19 196	9 Robert	E. Faber KD	STEWART & MC		W.Nor	th Av Cityl
	,	VS 1	50-REV. 1/1/68							





69 6207 BALTIMORE CITY HEALTH DEPARTMENT

0		(2100					6
	MED	ICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	6

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	69 6207
BIRTH NO.		
1. NAME OF DECEASED (Type or Print)	2. DATE Known Month Doy	Yeor Hour
BESSIE LEWIS ALLEN	DEATH Estimoted X	м.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
	BRONOUNICED DEAD	969 6:45 P.
HOSPITAL ADDRESS OR LOCATION)		<u>M</u> .
OR INSTITUTION, 1143	5. USUAL RESIDENCE (Where deceosed lived. If institution: r	esidence before odmission)
(1147) Homestead Street	A. STATE B. COUNTY Maryland	4-15
		LIANITES
6. SEX /. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY	LIMITS?
female white widowed Divorced	Baltimore YES	X NO 🗆
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	F. STREET AND NUMBER	The same
lost birthdoy) Months Doys Hours Min.	(11/7) 1143	
July 4, 1921 47	(1147) Homestead Street	
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
White Sulphur Springs WHAT COUNTRY?	Kenny Allen	
W. Va. USA 14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR')		
done during most of working life, even if retired)		
Varied & US Gov't. US Air Force, etc.	Bessie Crosier	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT : Friend & Attorneyou	RESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	John W. Sloan, Fidelity Bld	Relta 21201
yes Korean 1950/1952 235-26-0275		APPROXIMATE INTERVAL
19. CAUSE OF DEA	ТН	BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY	anlamatic Condinuosculon Di-sa	
DISEASE OR CONDITION DIRECTLY Arteric	sclerotic Cardiovascular Disea	se
(A)IMMEDIATE C		
heort foilure, osthenio, etc. It meons the diseose,	AS A CONSEQUENCE OF:	
injury or complication which coused death.)		
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.		
(C)	**************************************	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. Date of Operation 208. Condition for which operation with the condition of the condition o		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL FATTY A	lteration of XX the Liver	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	riceracion of &v che Piver	
20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W.	AS PERFORMED	21. AUTOPSY? (Yes or No)
0 2		
		yes (Partial)
	in or obout 22C. WHERE DID (If in Soltimore City, give exoct	location)
S GIADEKTIIAG TOK COLLING	e bldg., etc.) INJURY OCCUR?	
UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Yeor) (Hour) 22E. INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
OF INITIAL		
	WHILE VORK	
23.		
I certify that I held on Inquiry Inspection PAu	topsy X and that on this basis, death in my of	oinion
resulted from: Notural couses X Accident Suicia	de Homicide Undetermined monner	
1. 111 1 600 1	CHIEF MEDICAL EXAMINER	
ACTUAL ///X///X//	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE M.D.).	6/16/60
EXAMINED Werner U. Spitz M.D.	ASSOCIATE MEDICAL EXAMINER	6/16/69
NAME (Type)		
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town,	or county) (State)
REMOVAL (Specify)		
Burial 6/19/69 Baltimore Nat	tional Cemet. Catonsville, Ma	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADI	DRESS Balto. 2120]
dish - G & D-	0 1 1 0 10	
1/44 1 0 4000 1 1 10 0 0 4 6 6 4 M		
1111 1 9 1969 Rober E. Jaber 20	STEWART & MOWEN CO.108 W.	North Ave.

The state of the s I bell resident a la trade la persona de manda de la persona de la companya (esta esta) la companya (

69 6208 BALTIMORE CITY HEALTH DEPARTMENT

BII	MEDICAL EXAMINER'S	CERTIFIC	ATE OF	DEATH	REG. NO	69	6208
1.	NAME OF DECEASED	2. DATE OF	Known 🗆	Month	Doy	Yeor	Hour
-	RICHARD B MYERS	DEATH	Estimoted 🛛				M
FU	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD IL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	3. DATE PRONOUP	NCED DEAD	Month June	17,	1969	12:20 P.
	SPITAL ADDRESS OR LOCATION) INSTITUTION		IDENCE (Where	deceased live	d. If institution:		N
L	Church Home	A. STATE Mary1		В	. COUNTY	6	-05
6.	SEX 7. RACE B. MARRIED NEVER MARRIED	II .			D. INSIDE CIT		
	male negro WIDOWED DIVORCED DATE OF BIRTH 10.AGE (In years If Under 1 Yr, If Under 24 Hrs.	Balt E. STREET AN	imore		YE	s 🗓 ı	NO U
7.	lost birthdoy) Months Doys Hours Min.		Bethel S	treet			
11.	BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S					
Ш	Baltimore, Nd, WHAT COUNTRY?	Rich	and.	MYE	ops		
14A	USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTReduring most of working life, even if retired)	15. MOTHER	MAIDEN NAM	AE /			
1	Student school	Con	2. 620	SON	4.0	DRESS	
(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no or unknown) (If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	IB. INFORMA	4.11			DRESS	
H	NONE CAUSE OF DEA	THE STAN	HOPKINS	5.9437	Laker	API	PROXIMATE INTERVAL
	2016		T			BETW	EEN ONSET AND DEAT
	DISEASE OR CONDITION DIRECTLY Cranio- LEADING TO DEATH (A)IMMEDIATE (CA)IMMEDIATE (CA)		Injurie	S			
	(This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. it means the disease, injury or complication which caused death.)	AS A CONSEQU	ENCE OF:		4-3-3-4-4 to 4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-	B G & G & & B & 3 & 6 G & 6	
CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	AS A CONSEQU	JENCE OF:				
FIC	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).						
L CERT	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORME	D				PSY? (Yes or No) NO
MEDICA	22A. EXTERNAL CAUSE WAS UNDERLYING TOR CONTRIB. UTING CAUSE OF DEATH. 22B. PLACE OF INJURY(e.g., home, form, foctory, street, office street)	e bldg., etc.) IN. F	ayette a	nd Broa	dway	t locotlon)	-01
~	22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY 6/17/69 10:35 A. WHILE AT NOT NOT AT WORK	WHILE X	Pedestri			uto	
	23.	VORK LAY	Tedescri	all Stro	ick by a	uco	
		topsy	and that on th	nis bosis, d	eath in my	pinion	
	resulted from: Natural couses Accident X Suicident				ed monner L)	
	ACTUAL SIGNATURE SIGNATURE	A ASSIST	ANT MEDICAL E		X		DATE SIGNED
	EXAMINER'S Werner U. Spits M.D.	ASSOC	IATE MEDICAL E	XAMINER [6/17/69
	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY MOVAL (Specify)	ar CREMATOR	Y 24D. I	LOCATION	(City, town,	, or county)	(Stote)
1	Burial 6-20-69 Mt. Calva A DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAN	my CM	TY A	vve h	Prunc	de/ (Co. Md.
	JUN 19 1969 June & Jamber 1	ED Row	dolalis	eollic.	R2431	8.00	liver St
VS	151-REV. 1/1/6B		1.00				

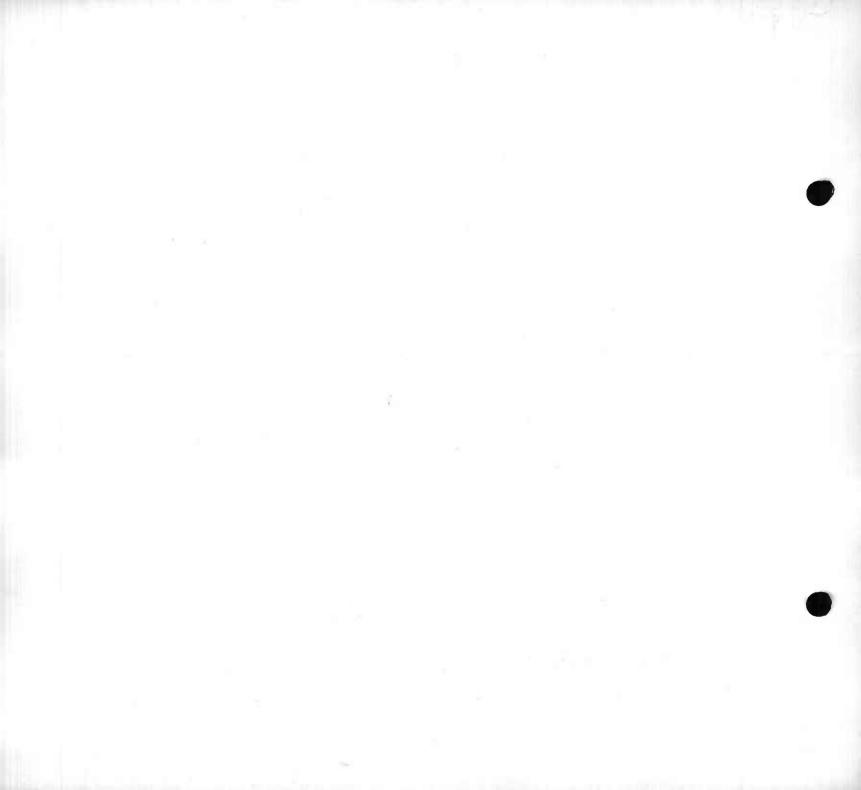
Balemore mile I Busiles & -20-67 no Cal singlacy in reprused to the The state of the s

1.	-LLDA	69 6209 BALTIMORE CITY HEALTH DEPARTMENT
2	Stode	BIRTH NO. CERTIFICATE OF DEATH REG. NO. 153
	f and death eased n the Such	1. NAME OF DECEASED (Type or Print) 120 A 1 0 10 A 10 10
	of of the point of	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before odmission)
	se se dec	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR LOCATION) A. STATE R. COUNTY A. STATE R. COUNTY D. INSIDE CITY LIMITS?
		DA Himore YES NO
	D.E. O. B.E.	42 Sina: Hospital 2714 W. GALTILON ALL
-		5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years Il Under 1 Yr. If Under 24 Hrs. Months' Days Hours Months' Days Hours Min.
	contribution to the contribution regulation is ma	WIDOWED DIVORCED 12/8/63
	direct or c f; (4) Undet th was in th the dece	done during most of working life, even if refired) Wernester To Man Workester Workester Lo Mil Workester Workester
	if deect of Was was the iposi	13. FATHER'S MAME 14. MOTHER'S MAIDEN NAME
与	lired lired (4) h w h th disp	Thomas Spowell market Jones
IMPORTAN	0 0 0 -	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (11 yes, give wor or dotes of service) SECURITY NO.
L L	t the the down of	100 202-18-352 Benton Wallere Baltond.
PG	i , i , i , i , i , i , i , i , i , i ,	DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
3	ture or store or are att	LEADING TO DEATH
ö		(This does not meen the mode of dying, e.g., heart foilure, osthenio, etc., it means the disease, injury or complication which caused death.)
TOR:	E.E.T. o Do	ANTECEDENT CAUSES
ECT	exan (3) A wh wh are	DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stoling the
DIRE		UNDERLYING CONDITION last. (C) UT1
AL	nief medical a medical ody burns; (; he physician sician was ii	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
NER	by a mee 2) Body bu re the phy physician fore the re	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSTF (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
FU	No op	OR CONTRIBUTING CAUSE OF home, foctory, street diffice bidg., INJURY OCCUR?
	ho ho	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Work At Work
3	T - 0 0	22. 1 certify that (1) (this hospital) ottended the deceased from 4/2 19 67 to 1/3 19 69
	of a	that (1) (we) lost saw the deceased olive on
		and have and from the causes stated abave. (1) (We) (did) (did not) view the body ofter deoth. 23A. SIGNATURE 23B. DATE SIGNED
	SOPOPE	Attending \ Med. \ Shiff \
	vas Vas An An Prio	23C. PHYSICIAN'S NAMBITYPEI A. CARA 23D. ADDRESS
	L 77 0 0 -	24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERS OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	This certification of the body shows: (1) was D.O. deceased written a	25A, DATE REC'D BT HEALTH DEPT. 25B. NAME OF REGISTRAR 22SC, FUNERAL DIRECTOR) ADDRESS
	This the bahow was dece	JUN 19 1969 Lower E. Jane M.D. 256. NAME OF REGISTRAR PLOS 25C. FUNERAL DIRECTOR) ADDRESS
		VS 150-REV. 1/1/68



THE CAR PLEMENT TO PE THE RESIDENCE OF STREET N. 12 1944 " 24 TENNESSINGE . V. II bill ball LAURA TRYLOIZ THIS HAD SAME - 14 F. C. 1 ALC: UNK A LEAST LIMIT WALLEY AS d glyclas Hellodos part service per parties Lebes & First A. The on Hilleria He price

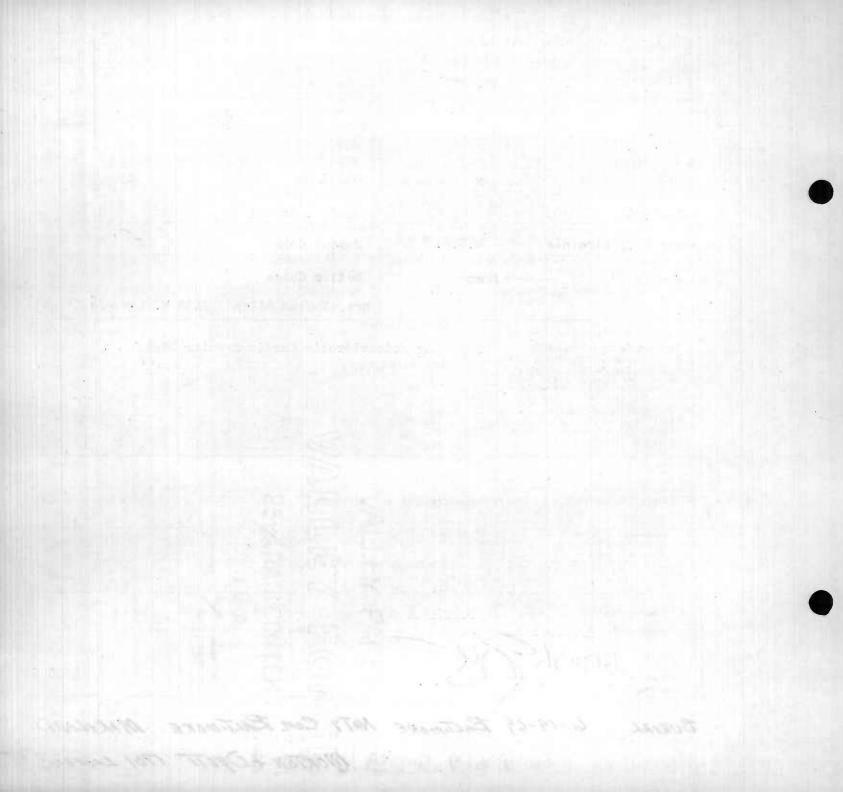
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VS 150-REV. 1/1/68



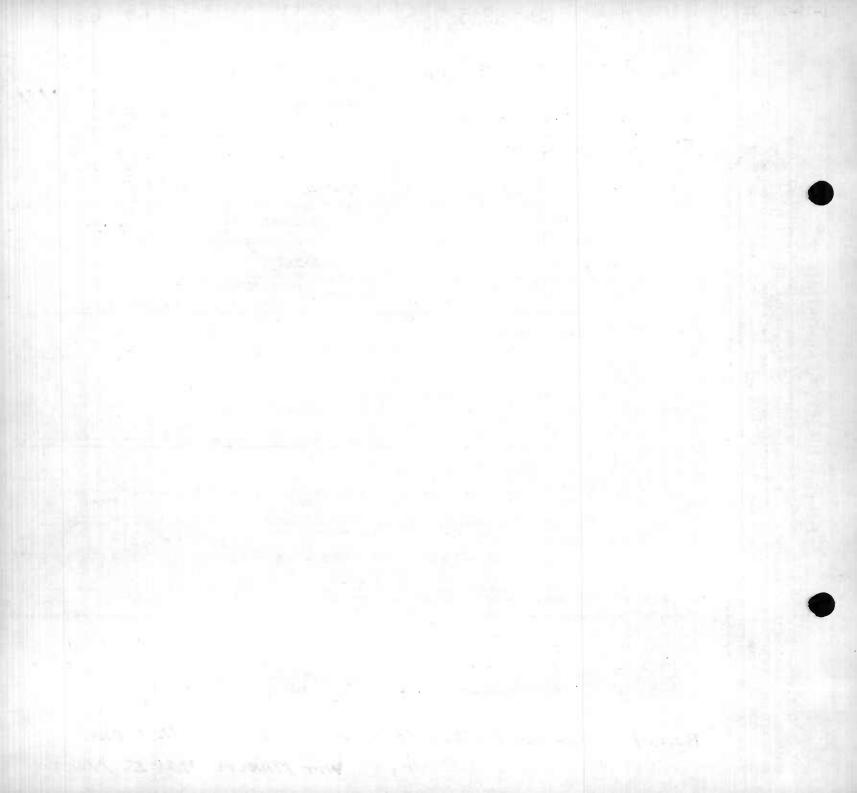
D 0,3	MEDICAL E	XAMINER'S	CERTIFICATE	OF DEA	TH REG. NO.	69	6210
BIRTH NO.					REG. NO.		
1. NAME OF DECEASED			2. DATE Known	Month	Doy	Yeor	Haur
(Type or Print) NETTIE C.	G	ORDON	OF DEATH Estimate	d X			M
4. PLACE IN BALTIMORE, MARYLA	ND, WHERE PRON	OUNCED DEAD	3. DATE	Month	Day	Yeor	Haur
FULL NAME OF (IF NOT IN H HOSPITAL ADDRESS OR OR INSTITUTION	OSPITAL OR INSTITUT LOCATION)	ION, GIVE STREET	PRONOUNCED DEA	Ju	ne 16,	1969	7:00 A.
2538 W. Lanval	e		A. SIAIE Maryland	(Where deceosed	B. COUNTY	1: residence b	- 0 5
6. SEX F 7. RACE	C B. MARRIED	NEVER MARRIED	C. CITY OR TOWN		D. INSIDE C	TY LIMITS?	
negro female			Baltimore		Y	ES 📉	№ □
		Inder 1 Yr. If Under 24 Hrs. hths: Doys Hours Min.	2538 W. La				
11. BIRTHPLACE (State or foreign cour		CITIZEN OF	13. FATHER'S NAME	livare			
, , , , , , , , , , , , , , , , , , , ,		WHAT CAUNTRY?					
Hanover Co., Virgir	nia	U.S.A.	Joseph Cole	es			
14A.USUAL OCCUPATION (Give kind	of work 14B. KIND OF	BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN	NAME			
dane during mastof warking life, even if re Housewife		ome	Bettie Cole	es			
		17. SOCIAL	18. INFORMANT		A	DDRESS	
16. WAS DECEASED EVER IN U.S. A (Yes, no or unknawn) (If yes, give wor ar NO.	dotes of service)	SECURITY NO.	Mrs. Thelma	Allen	2538 W.	Lanval	le Street
19. // / 9. 4.		CAUSE OF DEA	TH				PROXIMATE INTERVAL
DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode heart foilure, asthenia, etc. it me injury or camplication which cause the second se	of dying, e.g., ans the disease, sed death.) SES IF ANY, GIVING A) STATING THE AST. ONS CONTRIBUTING	(A)IMMEDIATE CONTROL OF A	OSCIETOTIC CA				
DISEASE OR CONDITION GIVES 20A. DATE OF OPERATION 20B	N IN PART 1 (A).	**************	AS DEDECORMED			Tal Altro	PSY? (Yes or No)
DATE OF OFERATION 200	CONDITION FOR	WHICH OPERATION WA	43 PERFORMED			21. AUTO	No
Z2A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	22B. ham	PLACE OF INJURY(e.g., e, form, factory, street, office	in ar about 22C. WHERE Bldg., etc.)	DID (if In Boltin	nore City, give exc	oct locotian)	
22D. TIME (Manth) (Day) OF INJURY (APPROX.)			WHILE ORK	ID INJURY OC	CUR?		
actual Signature Examiner's West Name (Type)	al couses A	Inspection Au Accident Suicid M.D. M.D.	Hamicide CHIEF MEDI	Undetern ICAL EXAMINE ICAL EXAMINE	R X		DATE SIGNED 6/17/69
24A. BURIAL CREMATION, 24B. D. REMOVAL (Specify) BURIAL 25A. DATE REC'D BY HEALTH DEPT.	-19-49 7 25B. NAM	BALTIMORE OF REGISTRAR	NATI CEM.		MARE	MAC	(Stote)
1.0	mon man	LAGO FERENM	D MAROTE	V 12/00	1011 1	7111	AMPELIE



#-53	5 63	9 62	BALTIMORE CITY	TE OF DEATH	REG. NO.	69	6214		
BIRTH NO.			CERTIFICA	TE OF DEATH	KEG. 140				
1. NAME OF DEC	HINTON,			JU	NE 18, 196	59	7:15A		
3. PLACE IN BAL	TIMORE MARYLAND, W	HERE PRONC	OUNCED DEAD	4. USUAL RESIDENCE (W. A. STATE B. CO.	here deceased lived. II UNIY	institution: resid	ence before admissionl		
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTI	TUTION, GIVE STREET	MARYLAND c. CITY OR TOWN		ISIDE CITY LIMIT			
40	ST, AGNE	s Hose	PITAL	E. STREET AND NUMBER 530 NO STR	ICKER ST	21228	№ 🕅		
5. SEX	6. RACE	7. ALA DOLED	X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years	`	Ye . If Under 24 Hrs.		
FEMALE	NEGRO	WIDOWED	DIVORCED	02/11/11	last bigthday)	If Under 1 Months Do	ys Hours Min.		
done during most of HOUSEWIF	working life, even if retired) - E	HO		11. BIRTHPLACE (Stole or for NORTH CARO		U.S	OF WHAT COUNTRY?		
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN N	AME				
ROBERT I	PETAWAY			MINNIE DAVID					
15. Wos Deceosed	Ever in U. S. Armed Far	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		A	DDRESS		
No.	gree trat of dots		SECORIII NO.	ST. AGNES H	OSPITAL RE	CORDS			
18. 2 5	0,41		CAUSE OF DEAT	н	-		PPROXIMATE INTERVAL		
DISEA	SE OR CONDITION DI	RECTLY		12	. 1	PE1/	WEEN ONSET AND DEATH		
(This does n	LEADING TO DEATH	dving eg	(A) IMMEDIATE CAL		<i>J</i> L		6 01845		
hearl lailure,	aslhenia, elc. Il means aplication which caused	the disease	DUE TO, OR AS	A CONSEQUENCE OF:					
	ANTECEDENT CAUSES	deam.J		11. A.					
	(B)								
rise to the	dise to the abave cause IA) stating the UNDERLYING CONDITION last. DUE TO, OR AS A CONSEQUENCE OF: (C) DIABE VS.3 (C)								
E TO THE DEAT	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL ATPER FERSONS ATPER FE								
	OPERATION 19B. CON WAS PERF	T 1 (A). DITION FOR FORMED	WHICH OPERATION	20A. AUTOPSY? (Yos of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
OR CONTRIBUTING CAUSE OF home, form, factory, street, office bldg., INJURY OCCUR?							oct locotion)		
21D. TIME OF INJURY	(Manth) (Doy) (Yoot)		INJURY OCCURRED	21F. HOW DID II	AJURY OCCUR?		-		
	Wark At Work								
	22. I certify that (I) (this haspital) attended the deceased fram JUNE 17 19 69 to JUNE 18 169 that (I) (we) last saw the deceased alive an JUNE 18 1969 and that in (my) (aur) opinion death accurred on the date								
	and haur and from the causes stated above. (I) (We) (did) (did not) view the body after death.								
23A. SIGNATURE 23B. DATE SIGNED									
230. PHYSICIA NAME (T			DEGREE Phys	Director L	Shaff Phys. 12	1229	7-7-		
JAM			M.D. DEGREE		OSP; CATON 8	WILKE	NS AVES.		
24A. BURIAL CRE REMOVAL (S	MATION, 248. DATE	24C. N	AME of CEMETERY OF CRE	MATORY 24D.	LOCATION (C	City, town, or co	unty) (Stole)		
Burial	6-21-69		arver Mem. Parl	k	Laurel,	Maryland			
25A. DATE REC'D	JUN 19 196		SE. Jaber M.D	25C. FUNERAL DIRECTO	1 & Des	ett	_1701 Lauren		
VS 150-PEV. 1/1/	4.9								



BIRTH NO. 1. NAME OF DECEASED (Type or Print) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence hospital or institution, give street hospital or institution, give street hospital or institution address or location) 4. USUAL RESIDENCE (Where deceased lived, If institution: residence hospital or institution and street hospit	No []						
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence and state of the pronounced dead and state	No []						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION BALTIMORE CITY HOSPITALS 4940 EASTERN AVENUE BALTIMORE, MARYLAND #21224 5. SEX 6. RACE NARRIED NEVER MARRIED NE	No []						
5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) 10-11-06	Yr. If Under 24 H						
MALE NERGO WIDOWED DIVORCED 10-11-06 1034 birthday 62 Months Doys 104. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) MARYLAND 12. CITIZEN O U.S.A	Yr. If Under 24 h						
done during most of working life, even if retired) MARYLAND U.S.A							
13. FATHED'S NAME	A.						
WILLIAM E. CARRIE							
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 219-05-7686 17. INFORMANT RECORDS: 4940 EASTERN AVENUE #21:	SRESS 1224						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heard following, or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the UNDERLYING CONDITION lost. (A) IMMEDIATE CAUSE CARCINOMA OF LUNG (A) IMMEDIATE CAUSE CARCINOMA OF LUNG (B) DUE TO, OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF:							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 19B. CONDITION GOVERNMENT (B.) 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 121B, PLACE OF INJURY (e.g., in or obout 21 G, WHERE DID (If In Boltimere City, give exect location)							
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?							
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Work Not While At Work							
22. I certify that (1) (this haspital) attended the deceased from 1969 to 6/9 1969 that (1) (we) last sow the deceased alive an 6/9 1969 and that in(my) (our) opinion death occurred an the do							
ond haur and from the couses stated obove. (1) (We) (did) (did not) view the body ofter deoth. 23A. SIGNATURE Attending Med. Director Phys. Director Phys. 23B. DATE SIGNED 23B. PHYSICIAN'S DOWNER DOWNER DIRECTOR Phys. 23D. ADDRESS							
NAME (Type) ROBERT ROSENBAUM M.D. BALTIMORE CITY HOSPITALS 4940 EASTERN AVENUE #21224							
24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or courremoval (Specify) 6/23/69 Western Star Cem. Catonsville Md	ounty) (Stote)						



69 6216 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE Known | Manth Day Year Hour (Type or Print) OF JERRY WILLIAMS, JR. June 17, 1969 5:40 P.M Estimated DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE Month Doy Hour Yeor PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET June 17, 1969 5:40 P.M HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) B. COUNTY (HARRIET LANE) DOA HOPKINS Maryland 7. RACE C. CITY OR TOWN 6. SEX D. INSIDE CITY LIMITS? 8. MARRIED NEVER MARRIED Ma le White Baltimore WIDOWED DIVORCED __ YES I NOL 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER lost birthday) Months, Doys, Hours, Min. UEC 6 2020 E. Baltimore Street 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? WILLIAMS TERRY BALTIMORE 14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME dane during most of working life, even if retired) CARVELLI IVOIVE CAROL CHILD 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. INFORMANT 17. SOCIAL SECURITY NO. **ADDRESS** (Yes, naar unknown) (If yes, give wor or dotes of service) NONE 2020 E APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH Sudden death in infancy DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not meon the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: **ANTECEDENT CAUSES** DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTI 20 A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes ar No) 22B. PLACE OF INJURY (e.g., in ar about 22C. WHERE DID (If In Baltimare City, give exact location) home, form, foctory, street, office bldg., etc.) INJURY OCCUR? EXTERNAL CAUSE WAS UNDERLYING TOR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month)
OF INJURY 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? (Year) (Hour) WHILE AT NOT WHILE (APPROX.) WORK AT WORK 23. I certify that I held on Inquiry Autapsy X and that on this basis, death in my opinion Inspection resulted from: Natural couses X Accident Suicide ___ Homicide ___ CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER X SIGNATURE EXAMINER'S ASSOCIATE MEDICAL EXAMINER 6/18/69 Ronald N. Kornblum, M.D. NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State) REMOVAL (Specify) JUNE 19196 BURIAL

25C. FUNERAL DIRECTOR

ADDRESS

VS 151-REV. 1/1/68

25A. DATE REC'D BY HEALTH DEPT.

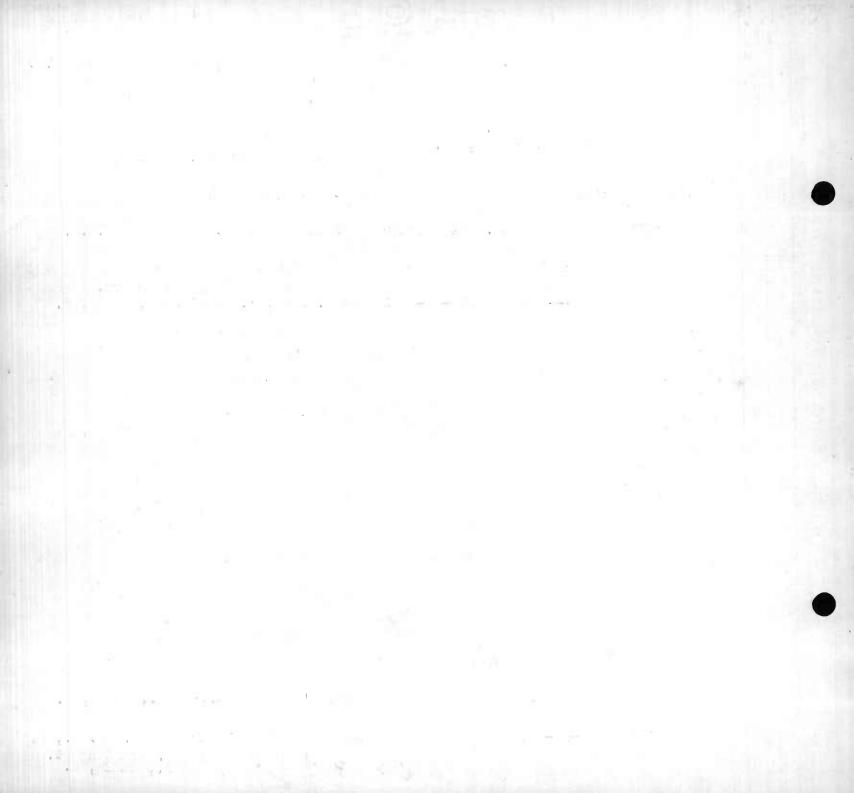
25B. NAME OF REGISTRAR

STERRY ASTERS WILLIAMS THE STATE OF THE S IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68



Marie Care Company

L-250

69 6219 BALTIMORE CITY HEALTH DEPARTMENT

MAEDICAL	EV A LAINTEDIC	CEDTIFICATE	OF DEATH
MEDICAL	EXAMINER 3	CERTIFICATE	OF DEATH

MEDICAL EXAMINER'S CE	L'EE OOAG
BIRTH NO.	REG. NO.
1. NAME OF DECEASED (Type or Print)	DATE Known Month Day Year Hour
JOHN H. LOGAN	OF DEATH Estimated . M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3.	The state of the s
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	June 16, 1969 10:30 A _M
	. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) b. STATE B. COUNTY
St. Agnes Hospital	Maryland Balts Co
6. SEX 7. RACE 8. MARRIED NEVER MARRIED C	CITY OR TOWN D. INSIDE CITY LIMITS?
male white WIDOWED DIVORCED	Baltimore YES X NO
9. DATE OF BIRTH 10. AGE (in years If Under 1 Yr. If Under 24 Hrs. E.	STREET AND NUMBER
Feb. 18,1913 Tost birthdoy) Months, Doys, Hours, Min.	3205 Bryan Avenue
30	3. FATHER'S NAME
Washington , D. C. U. S. A.	Ernest R. Logan
14A.USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY 15	
done during most of working life, even if retired)	
Heating Specialist Heat Speciality Co.	Bessie Jefferson
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) no 17. SOCIAL SECURITY NO. 216-01-0467	8. INFORMANT Lansdowne, Md. ADDRESS 21227 Mrs. Ella C. Logan 3205 Bryant Ave.
19. CAUSE OF DEATH	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY A ^R teriosc1	erotic Cardiovascular Disease
LEADING TO DEATH	
(A)IMMEDIATE CAU	JSE A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	A CONSEQUENCE OF:
milety of complication within cooled destining	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	A CONSEQUENCE OF:
LINDERLYING CONDITION LAST	
O CONTRACTOR OF THE PROPERTY O	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1 1 T
TO THE DEATH BUT NOT RELATED TO THE TERMINAL CRANIO-C	Cerebral Injuries
OF TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS	PERFORMED 21. AUTOPSY? (Yes or No)
Ö	
✓ 22A. FXTERNAL CAUSE WAS 228 PLACE OF INJURY(e.g., in	Yes
UNDERLYING TXOP CONTRIB. home, form, foctory, street, office bl	or obout 22C. WHERE DID (If in Soltimore City, give exact location) Idg., etc.) INJURY OCCUR?
© UTING □ CAUSE OF DEATH. factory	Heating Specialties - Knecht Road (Ave.
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E. INJURY OCCURRED	22F. HOW DID INJURY OCCUR? subj. struck head
OF INJURY (APPROX.) 6/16/69 UNK m. WHILE AT WORK AT WORK	HILE C
23.	
I certify that I held an Inquiry Inspection Autop	psy 🗓 and that an this basis, death in my apinian
resulted fram: Natural causes Accident X Suicide	Homicide Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL 1119	ASSISTANT MEDICAL EXAMINER X
SIGNATURE M.D.	6/16/60
EXAMINER'S Werner U. Spirz, M.D.	ASSOCIATE MEDICAL EXAMINER 0/10/09
24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY or	CREMATORY 24D. LOCATION (City, town, or county) (State)
REMOVAL (Specify)	Sem. Balto. Md.
Burial June 20, 1969 Meadowridge C	
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS Balto Md. 21229
JUN 20 1969 Luber E. Farber M.D.	G. Truman Schwab 5151 Balto. National Pike

Fwg. 16,1913

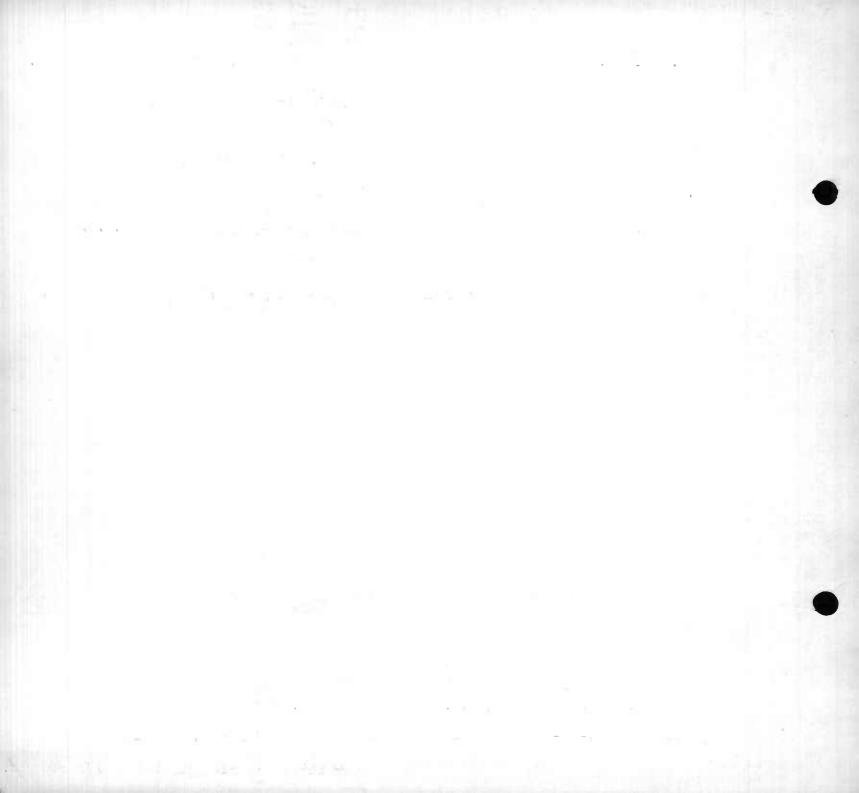
Vanidacton D. D. B. A. Breest E. Logen

Hearting Specializet Heat Speciality Co. Sensie Jefferson

215-01-0467 Fire Film C. Logan 2005 deputs Ave.

Such

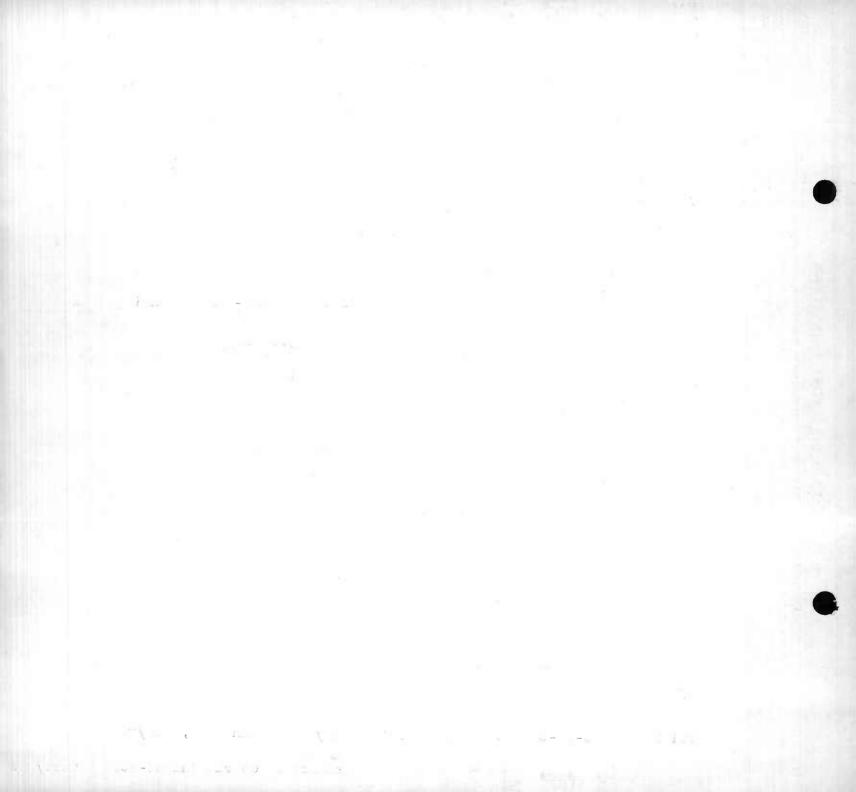
NAME OF DE			ATE OF DEATH		
	ceased ara B. Procto			18, 1969	
		WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If i	1:00 P. A
ULL NAME OF IOSPITAL OR ISTITUTION	F (IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTITUTION, GIVE STREET ATION)	A. STATE MD B. COU KONNICK MINNE C. CITY OR TOWN Baltimore	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X OS SIDE CITY LIMITS? YES X NO
Keswick	Home for Inc	urables	E. STREET AND NUMBER		
SEX	6. RACE				4 Oak Avenue #7
_		7. MARRIED NEVER MARRIED	3/11/1876	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
Female	White	WIDOWED X DIVORCED L	2// 1	93	12, CITIZEN OF WHAT COUNTR
ne during most of	f working life, even il retired)				77.0
Housewill			StrwShrewsbury		nia U.S.A.
Noah He			Mary Borne	E. F.	
141 D	1 5 11 5 4 15	rces? 16. SOCIAL	17. INFORMANT		ADDRESS
No	(If yes, give wor or dote	es ol service) SECURITY NO. 215-54-2161		er - 3734 Og	k Avenue 21207
18.4	2,41	CAUSE OF DEA	TH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
heort foilure,	not meon the mode of , osthenio, etc. It meons mplicotion which coused ANTECEDENT CAUSES	s the diseose, d deoth.)	S A CONSEQUENCE OF:		
rise to th	OR CONDITIONS, if the obove couse (A) IG CONDITION lost.	ony, giving DUE TO, OR A	S A CONSEQUENCE OF:		
OTHER SIGNI	he obove couse (A) IG CONDITION IOSI. II IFICANT CONDITIONS CO ATH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR	ony, giving DUE TO, OR A STORING THE TERMINAL RT 1 (A).			
OTHER SIGNI	he obove couse (A) IG CONDITION IOSI. II IFICANT CONDITIONS CO ATH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR	ony, giving DUE TO, OR A STORING THE TERMINAL RT 1 (A).	S A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or		FINDINGS CONSIDERED AUSES OF DEATH?
OTHER SIGNITO THE DEAD DISEASE OF CONTRIB	He obove couse (A) IG CONDITION IOSI. II IFICANT CONDITIONS COUNTY BUT NOT RELATED TO TO CONDITION PARTIES FOR PERTITION [198. CONDITION [198	ony, giving DUE TO, OR A STORING THE TERMINAL RT 1 (A). NOTION FOR WHICH OPERATION REFORMED		IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OTHER SIGNITO THE DEAD DISEASE OR (2) 19A. DATE OF CONTRIBUTION OF CONTRIBUTIO	IF OPERATION 198. IF OPERATION 198. IF OPERATION 198. OF OPERATION 198. ENT WAS UNDERLYING SUITING CAUSE OF	ony, giving DUE TO, OR A STORING THE TERMINAL RT 1 (A). POTTRIBUTING THE TERMINAL RT 1 (A). POTTRIBUTION FOR WHICH OPERATION STORMED 21B. PLACE OF INJURY (e.g., home, form, factory, street, etc.)	in or obout 21 C, WHERE DID office bldg., INJURY OCCUR?	(If in Boltime	AUSES OF DEATH?
OTHER SIGNITO THE DEAD DISEASE OR (2 19 A. DATE OF CONTRIB DEATH (notification) or contribution of the con	He obove couse (A) IG CONDITION lost. II IFICANT CONDITIONS CO ATH BUT NOT RELATED TO T CONDITION GIVEN IN PAR OF OPERATION 198. CON WAS PER ENT WAS UNDERLYING SUTING CAUSE OF (Month) (Doy) (Yeor) The couse of the c	ONTRIBUTING THE TERMINAL RT 1 (A). 21B. PLACE OF INJURY (e.g., home, form, factory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not Whork Work Not Work Not Work Not Whole At Not While At Work I) attended the deceased fram	in or obout 21C, WHERE DID office bldg., INJURY OCCUR?	IN CERTIFYING CA	AUSES OF DEATH?
OTHER SIGNI TO THE DEAD DISEASE OR (19 A. DATE OF CONTRIB DEATH (notified of INJURY (APPROX.) 22. I certify that (I) (we and hour and contributions)	The obove couse (A) IG CONDITION lost. II IFICANT CONDITIONS COUNTY IF CONDITION GIVEN IN PAPER IF OPERATION 198. CONWAS PER ENT WAS UNDERLYING SUTING CAUSE OF ITY medical examines (Month) (Doy) (Year) The obove couse (A) IF CONDITION 198. CON WAS PER ENT WAS UNDERLYING (Month) (Doy) (Year) The obove couse (A) IF CONDITION 198. CON WAS PER ENT WAS UNDERLYING (Month) (Doy) (Year) The obove couse (A)	ONTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, factory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not Whork	in or obout 21C, WHERE DID office bldg., INJURY OCCUR?	IN CERTIFYING CA	AUSES OF DEATH? Dre City, give exact location) 8 19 19 19 19 19 19 19 19 19 19 19 19 19
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OTHER SIGNITO THE DEAD DISEASE OR (C) 19 A. DATE OF CONTRIBUTE OF INJURY (APPROX.) 22. I certify that (I) (we and hour and hour and contribute of the contr	THE OBOVE COUSE (A) IG CONDITION IOSI. II IFICANT CONDITIONS COUSE IFICANT CONDITIONS COUSTING IFICANT CONDITION SO COUSE OF OPERATION 198. CON WAS PER ENT WAS UNDERLYING CAUSE OF ITY medical examined (Month) (Doy) (Year) That (I) (this haspita I) ast saw the decease INTE ONLY ANS	ONTRIBUTING THE TERMINAL RT 1 (A). 10 TORMED 21B. PLACE OF INJURY (e.g., home, form, factory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not Whork Work Not Work 1) attended the deceased fram	in or obout 21C, WHERE DID office bldg., INJURY OCCUR?	IN CERTIFYING CA	S 19 Longon Death 2 19 Longon Death accurred an the da 23B. DATE SIGNED
OTHER SIGNITO THE DEAD DISEASE OR OF CONTRIB DEATH (notify 19 A. DATE OF CONTRIB DEATH (notify 12 A. BURIAL CRI	IFICANT CONDITION IOSI. IFICANT CONDITION IOSI. IFICANT CONDITIONS CONTITUE OF CONDITION GIVEN IN PARTICIPATION IN PARTICIP	ONTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, factory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not Whork Not Whork Not Whork Not Whork At Work At Work DEGREE APPL	in or obout 21C, WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID IN item of the bldg. and view the bady after death vi	IN CERTIFYING CA	AUSES OF DEATH? Dre City, give exact location) 8 19 19 19 19 19 19 19 19 19 19 19 19 19
OTHER SIGNITO THE DEAD DISEASE OF (19 A. DATE OF 19 A. DATE OF INJURY (APPROX.) 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we and haur an 23 A. SIGN AT 19 A	IFICANT CONDITION IOSI. IFICANT CONDITION IOSI. IFICANT CONDITIONS CONTITUE OF CONDITION GIVEN IN PARTICIPATION IN PARTICIP	ONTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR WHICH OPERATION OF THE TERMINAL RT 1 (A). NOTION FOR WHICH OPERATION OF THE TERMINAL RT 1 (A). NOTION FOR WHICH OPERATION OF THE TERMINAL RT 1 (A). NOTION FOR WHICH OPERATION OF THE TERMINAL O	in or obout 21C, WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID II ille 21F. How DID III ille 21F. H	IN CERTIFYING CA	Some City, give exact location) 8 Joseph 19 to 1 23B. DATE SIGNED 18 Joseph 19 to



IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT



VS 150-REV. 1/1/68

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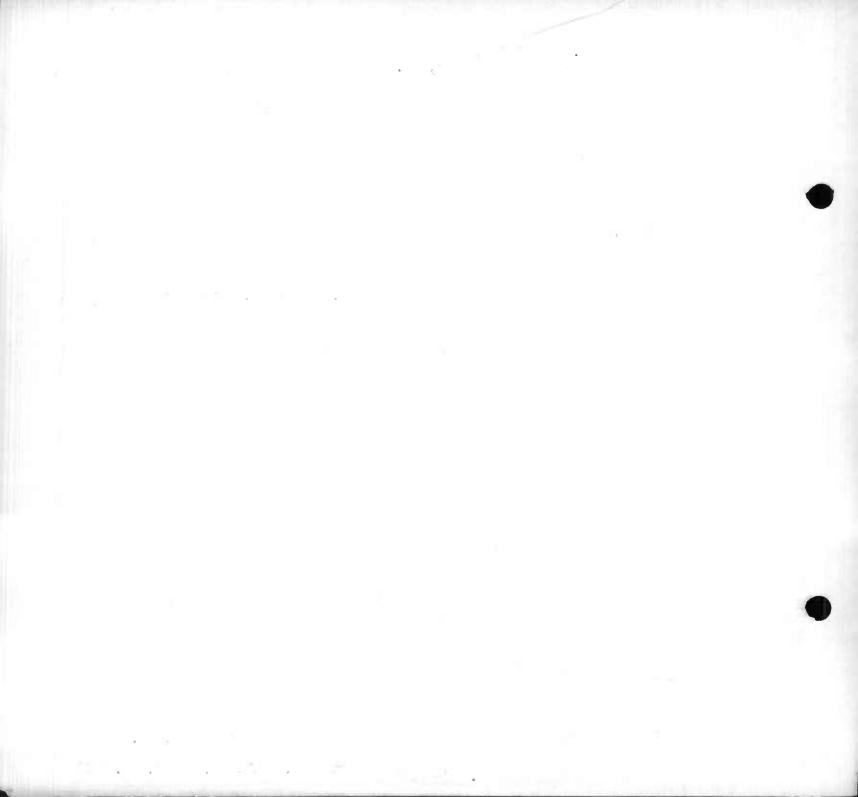
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1.NA	NO. ME OF DEC			CERTIFICA		DEATH	ND HOUR OF DEATH	9 62		
	ACE IN BALT	MORE MARYLAND,			A. SIAIE	RESIDENCE (Wh. B. COU		V	27	M.
ן א	S Publ: 3100	ic Health Se) Wyman Park		spital	Br:	ick Town AND NUMBER 3 Lorrain		YES E	NO [
5. SEX	M	6. RACE W PATION (Give kind of we	WIDOWED	NEVER MARRIED DIVORCED BUSINESS OR INDUSTRY		4/12	9. AGE (In years lost birthday), 56	II Under 1 Manths: Do	Yr. If Under	
done d	Barl	verking life, even il retired Der Sebastian	'			nj "G 1 6Vann			SA SA	OUNTRIA
It es, n	s Deceased	XX Valeri Ever in U. S. Armed F (II yes, give wor or do	orces? orces? orces of service)	16. SOCIAL SECURITY NO. 149-01-1126	17. INFORM	ANT ME	glio PHS Hospita		o, Md.	
18	DISEAS	E OR CONDITION E LEADING TO DEATH	1	CAUSE OF DEATH	se Pul	monary e		D	PPROXIMATE IN JEEN ONSET AN	
h	eart laiture, o njury ar comp	asthenia, etc. It mean olicotion which couse NTECEDENT CAUSE	s the disease, ed death.)	DUE TO, OR AS	Lym	phosarco	hemorrhag ma		onths	
ni:	se lo lhe	R CONDITIONS, if obove couse (A CONDITION last.	any, giving) slating tha	(C)	A CONSEQU	ENCE OF:	######################################			******
A	D THE DEATH	CANT CONDITIONS CO BUT NOT RELATED TO PODITION GIVEN IN PA OPERATION 1984 CO	THE TERMINAL AT 1 (A). NOITION FOR W	HICH OPERATION	20 A. AUT	OPSY? (Yes or No	o) 208, IF YES, WERE IN CERTIFYING CAI	INDINGS CO	NSIDERED	To a state of
. 0	A. A CCIDEN R CONTRIBUTE	I WAS UNDERLYING	RFORMED 21B. home	PLACE OF INJURY(e.g., in e, farm, loctory, street, al	or about 210 fice bldg., INJ	yes C. WHERE DID IURY OCCUR?	yes	JSES OF DEA		
WED!	PPROXI	(Month) (Day) (Yeor	While		21 F	HOW DID INJ				
th	ot (I) (we)	hot () (this hospite ast sow the deceas from the couses st	sed allve on		May 28	69 ond th	19 69 to June not in (my) (our) opin		19	he date
23	A. SIGNATUE	Jum. n		Atter DEGREE Phys	ding _	Med. Director	Shaff Phys.	23 B. DATE SIG		
	NAME (Ty AUTHORITION OF AUTHORITION	M. Weaver,	24 C. NA	Director DEGREE ME OF CEMETERY OF CRE	MATORY	Hospital,		y, town, or co		Statel
В	urial	6/21/6		Catherine's (-	Seagirt Uck, Inc. Ba		-	

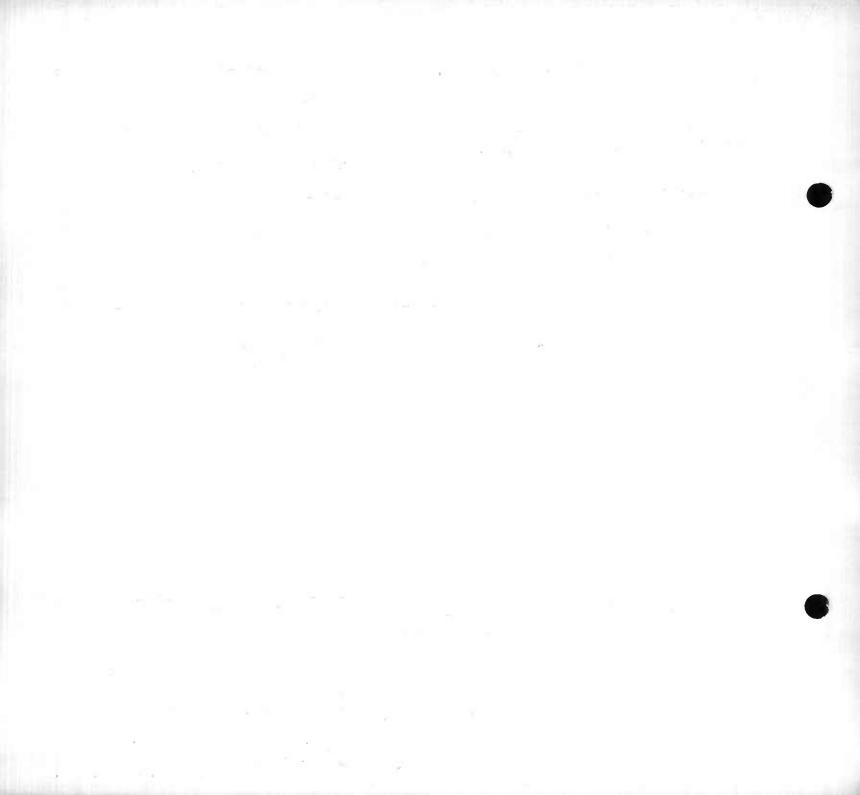


4	69 6224 BALTIMORE CITY HEALTH DEPARTMENT 69 6224	
4004	BIRTH NO. CERTIFICATE OF DEATH	
7 0 6	TRED RICK DECONDENSION ST. 6-18-69 1/2	# 8A
000	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, if institutions residence he	fore admission)
se; (5) indana to de	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN D. INSIDE CITY LIMITS?	45
atte or	LE STREET AND NUMBER	
p r d o	MG. GEN. HOSP Glenn Oak Que	
rib od ped	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 1/6, If	Under 24 Hrs.
reg reg	WIDOWED DIVORCED 17-13-83 64	
on on	done during most of working life, even if retired	AT COUNTRY
Und as b d	Onki Mickey 1110 1 03 A	
W (4) the	115 THE STANGE TO A STANGE TO	
	15. Was Deceased Ever in U. S. Armed Forces? 116. SOCIAL 117. INCORNANT	
キスタラデ	No SECURITY NO. Mrs. Lillian E Deviloiss (Se	ame)
an)	18. APPROXIM	ATE INTERVAL
of of tte	LEADING TO DEATH	
	heart failure, asthenia, etc. It means the disease.	***************************************
act pr ula mb	injury or complication which caused death.)	
A fr	(8)	
00	inse to the above cause (A) stating the	
ical ns; sicic		
bour bur hys	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING IN TO THE DEATH BUT NOT RELATED TO THE TERMINAL	1
20.00		ED
- m L	IN CERIFING CAUSES OF DEALIN	
tal l bere to b	OP CONTRIBUTING CALLER OF	lan)
tur tur tw 6)	C 21D-TIME (Manth) (Day) (Year) (Hour) 21E INJURY OCCURED 21E HOW DID INJURY OCCUR	
	(APPROX.) While At Not While At Work	
	22. 1 certify that (1) (this hospital) attended the deceased fram 5-1- 1969 to 6 18	19 69
U		d an the date
	AD SIGNATURE (A)	
0.5.5	ISS DATE STORED	
מכם מכי	1 Outlier Phys. Director Phys. Director Phys.	24
	$ M \rangle \langle F_{\mu} $	
A P B B	24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)	(State)
Vs: Vs: D.C	Burial 6/21/69/ Druid Ridge Cemetery Baltimore, Md.	
hov hov ras	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAU DIRECTOR ADDRES	5
* 0 × 0 ×		111
	dy was released to the hospital by a medical examiner. Also, if the direct or contributing cause of deat (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decease O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the ed prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such approval must be obtained before the remains are embalmed or final disposition is made.	BIRTH NO. INAME OF DECEASED IN

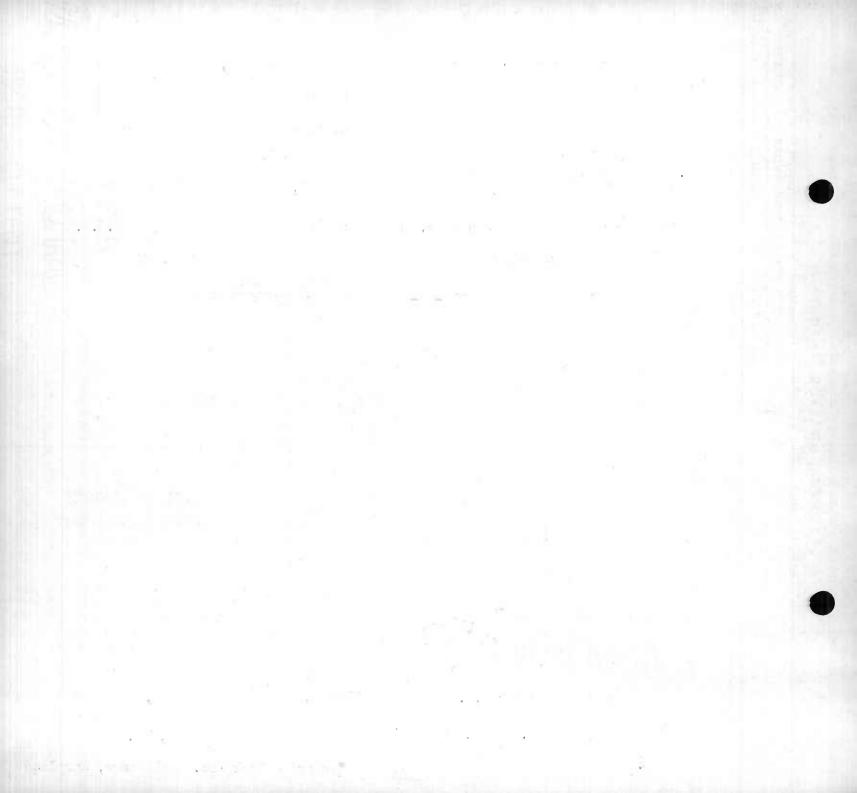


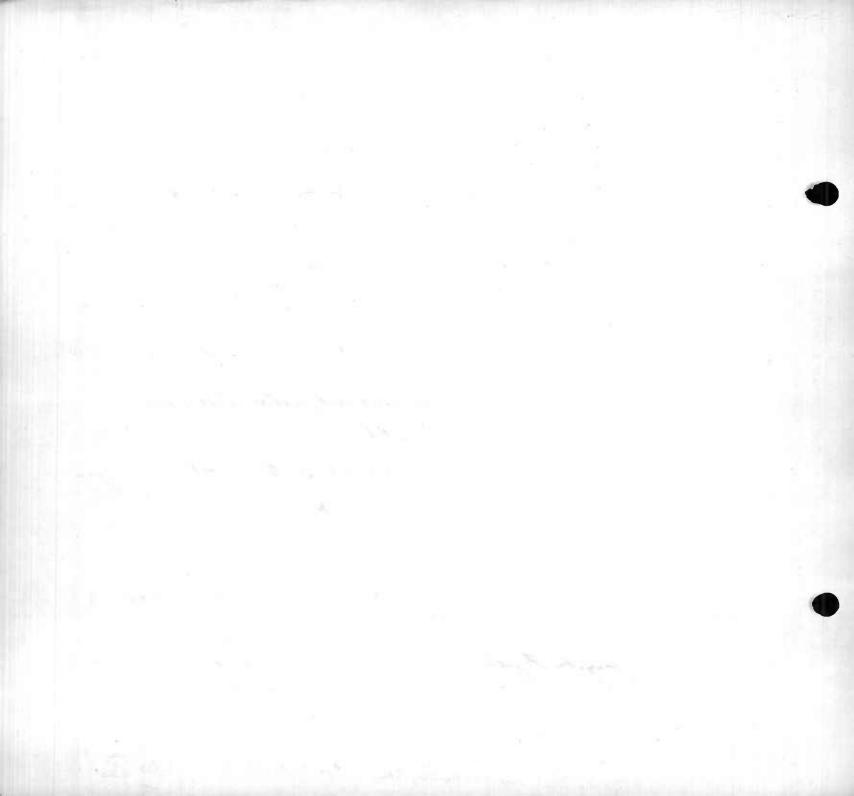
K-25	BIRTH NO. 69 6225 CERTIFICATE OF DEATH REG. NO. 69 6225
of death of death Deceased e on the	1 NAME OF DECEMBER
S S S S S S S S S S S S S S S S S S S	(Type or Print) MARIE M DISICINITIES ST
spita of () Dec	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY
d a constant	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MARYLAND 9-06
2 75	INSTITUTION D. INSIDE CITY LIMITS?
드_크루니스	YES X NO
0	1728 E. 32nd. St.
occurre ontributi ermined regular regular is made	S. SEX FENALE OF MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in yeors If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. Months Doys Min. Months Doys Months Months
occu contri regu regu is m	10. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
or cor nudet	done during most of working life, even if refired) Wary (A)
D + D 0 0 8	13. FATHER'S NAME
NT if of direct the word the word the word the dispos	GEORGE PRITCHEST ELEXAVIA WINGATE
assistant if the dil the the dil the	15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.
Ssist the the the de de fina	No 216-07-1531BMr. Henry Reisenweber (Same)
IMPORTANT r his assistant Mso, if the dir of any kind; counced death ittendance on	18. APPROXIMATE INTERVAL
or his Also, e of a nounce attended and a nounce attended and a nounce a no	LEADING TO DEATH LEADING TO DEATH LEADING TO DEATH
045505	(This does not meon the mode of dying, e.g., heart failure, asthenio, etc. It means the disease,
niner or iner. A racture or pronce of pronce of pronce of the or	injury or complication which caused death.) WITH METHOD
ECTC EXAMI XAMI Who Who regu	ANTECEDENT CAUSES (B)
	DISEASES OR CONDITIONS, if any, giving ise to the obave cause (A) stoting the
DIE ical isal is; (ical cian as i	UNDERLYING CONDITION last, (C)
# 0 E. 2 0 0	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
R m m m m m m m m m m m m m m m m m m m	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
FUNERAL by a medi by a medi 2) Body bur re the physician w	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. Date of Operation 198. Condition for which operation was performed was performed in Certifying Causes of Death? 204. AUTOPSY? (Ves of No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	IN IN DOLLMOTE CITY, GIVE exoct location)
	DEATH (nohly medical examiner)
- v - 3 - 3 - 0	D 21D-TIME (Month) (Doy) (Yeo) (Hour) 21E INJURY OCCURED 21F. HOW DID INJURY OCCUR?
> = 0.0 a	Work At Work
G+ H.O. O	22. I certify that (1) (this hospital) attended the deceased from
be con	that (I) (we) last sow the deceased alive an
leased to ident of hospital o death)	and hour and from the causes stated abave (1) (We) (did) (did not) view the bady after death. Norther attended or san ptal;
2022-	Attending Med. Sheff C
0 - 8 >	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 23D. ADDRESS
An a C An a prior	MARIANO ENERA MARIA
certificat sody was 7s: (1) An D.O.A. at assed pric	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (Gity, town, or county) (Stole)
bod VS: D.O Ten	Burial / 6/21/69 Dulaney Valley Cemetery Baltimore, Md.
This certif the body shows: (1) was D.O. deceased	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
- # W 2 0 3	VS 150-REV. 1/1/68 UN 20 1969 Jours E. Jaber, M.D. Flanard Ruch Low Balls 21214

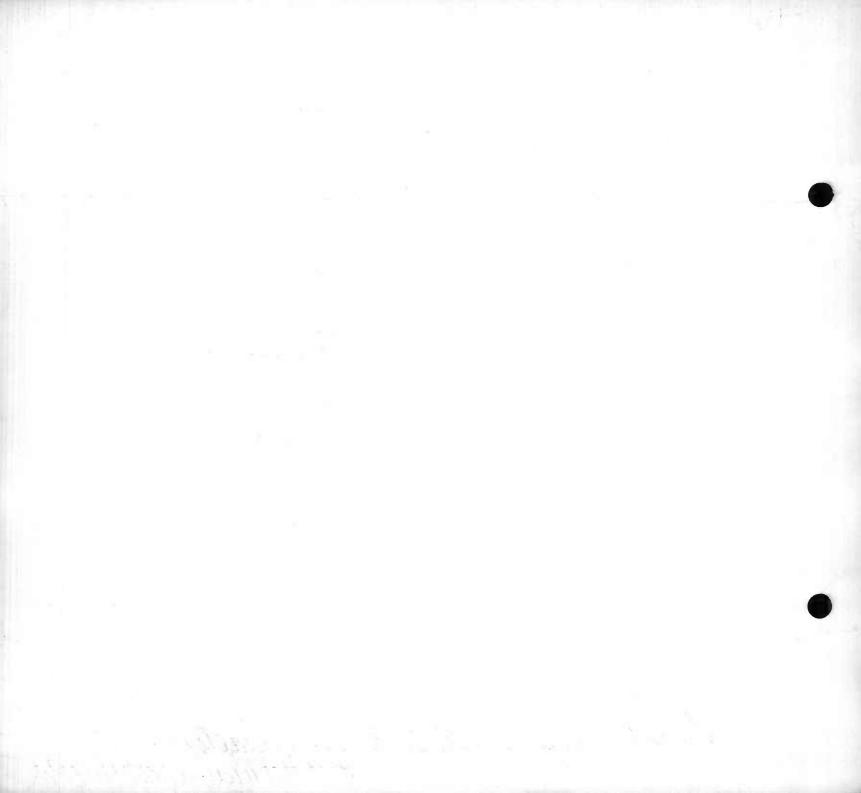


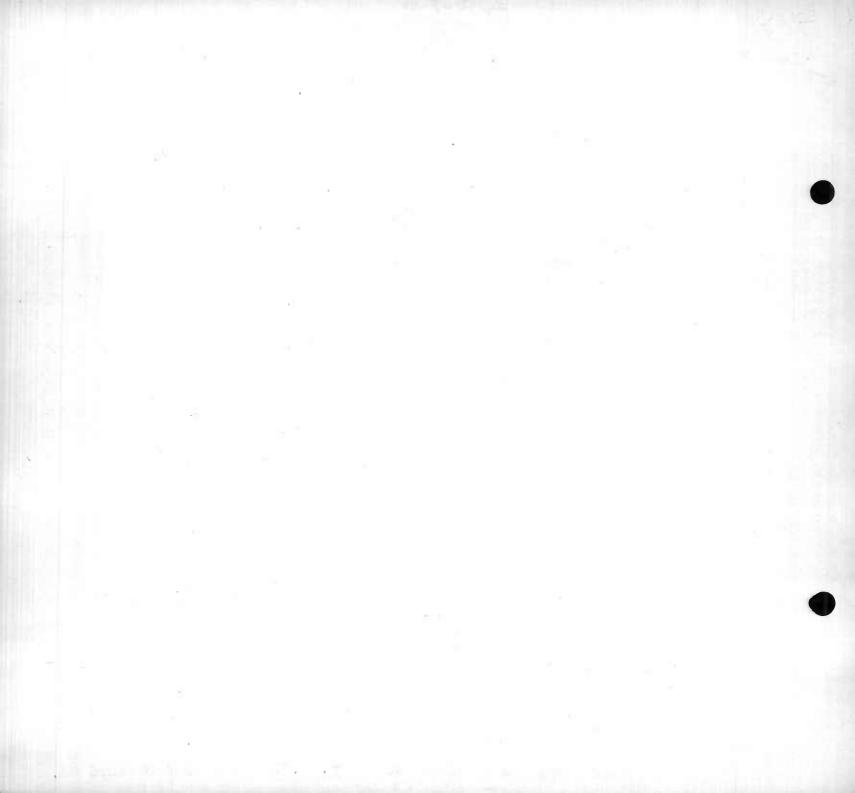


VS 150-REV. 1/1/68



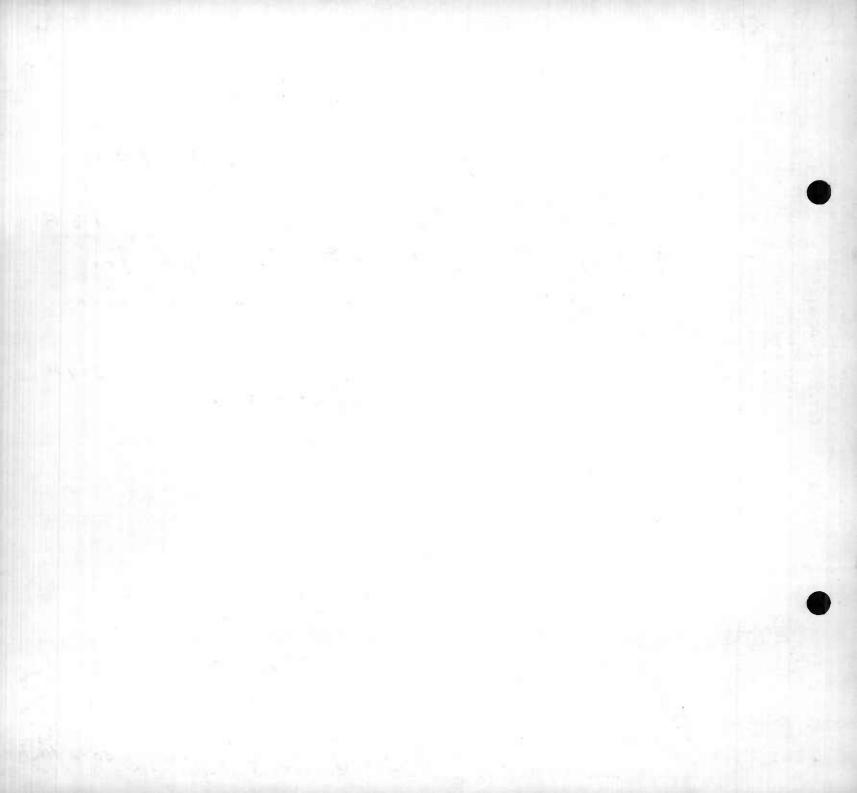






VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



541	2		6	9 62	BALTIMORE CIT	HEALTH DEPARTME	NT REG. NO.	69 623	2
ased the Such	- 11	BIRTH NO. 1. NAME OF DE (Type or Print)					TE AND HOUR OF DEAT		
Dece	- 11		Stella	Chmilew	ski		June 18, 1969) 1 7	Α
eath.		3. PLACE IN BA	LTIMORE, MARYLAND,	WHERE PRON	DUNCED DEAD	4. USUAL RESIDENCE	(Where deceased lived, If	institution: residence before admi	ssion)
		FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSP ADDRESS OR LOG	ITAL OR INSTI	TUTION, GIVE STREET	Md c. CITY OR TOWN	•	NSIDE CITY LIMITS?	
1	V	US Publi	c Health Ser	vice Hos	snital	Baltimore		YES NO	
	1	3100 Wym	nan Parkway	1200 110	opr our	E. STREET AND NUM			0.
	ŀ	5. SEX	6. RACE	7		8. DATE OF BIRTH		620 Fleet	-
is mad	-	F	W	WIDOWED	NEVER MARRIED DIVORCED	3/12/07	9. AGE (In years loss birthdoy)	Months Doys Hours M	Hrs.
_		Hous	ewife	TE 108, KIND C	F BUSINESS OR INDUSTRY	Md.	or loreign country)	USA	NTRY?
Sposifio	1	FRAME	ME AND THE RESERVEN	Kor	yTKowski	14. MOTHER'S MAIDE		ki	
	1	5. Was Deceased	Ever in U. S. Armed Fo	2	1 6. SOCIAL	17. INFORMANT	0 01	ADDRESS	
nu l		No	, , , , , , , , , , , , , , , , , , ,	and an anialce)	SECURITY NO. 217-03-9924	Records_	US PHS Hospi		
10		18. 2 9	4,01		CAUSE OF DEATH		100 ht	APPROXIMATE INTERV	/A1
5		DISEA	SE OR CONDITION D	RECTLY				BETWEEN ONSET AND D	HTAS
Ē			LEADING TO DEATH	_	(A) IMMEDIATE CAU	congest	ive heart fail	ure Weeks	
5		Lucott Idilate"	asthenio, etc. Il mean	s the disease		A CONSEQUENCE OF:		*******************************	
E		injury of con	nplicolian which cause	deoth.)		7		6 months	
D .			ANTECEDENT CAUSE		(a)	valve replac	ement of	0 110110110	
5	l	rise to the	OR CONDITIONS, if above cause (A)	any, giving	DUE TO, OR AS	A CONSEQUENCE OF: tic mitral v	alve	***************************************	
		UNDERLYING	G CONDITION lost.		(c)	***************************************			
		2	- 11						
	-	TIO THE DEAL	H BUT NOT RELATED TO	HE TEDRATATAT					
0			OPERATION 1198 CON	IDITION FOR	WHICH OPERATION	1204 41120 200 10	N-V 000 15 15 15		
	CEBTIEL	21	WAS PER	FORMED	OI EXAIION	20A. AUTOPSY? (Yes	IN CERTIFYING C	FINDINGS CONSIDERED	
	CAI CE	OP CONTRIBLE	NT WAS UNDERLYING [ITING CAUSE OF modical examined	21B hom etc.	PLACE OF INJURY (e.g., in	or about 21C, WHERE D		TES pre City, give exact location)	
	č	21 D. TIME	(Month) (Doyl (Year		INJURY OCCURRED	215 40 40	2 IN HOUSE & COLUMN		
	AAED	OF INJURY	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Wh	ile At Not While	T IZIN HOW DIE	NJURY OCCUR?		_
			4 /12 / 12	44.0	nk L. Al Work				
			that (1) (this hospita			une 2		ve 18 19 60	2
			last sow the decease			19 <u>69</u> or	nd that in (my) (our) op	inian death occurred on the	dole
		and hour ond	from the couses sta	ted abave. (I	((did) (did) (we) (i	ew the bady ofter de	ath.		
		23A. SIGNATU	NE V	1				238, DATE SIGNED	_
		u	aller . C	STEE	DEGREE Phys.	ding Med. Director	Shuff Phys.	6/18/69	
		23C. PHYSICIA NAME (Ty	N'S (pe)		DEGALE	D. ADDRESS		0/ 20/ 07	-
		Walter	F. Oster, M	D	U	S PHS Hospita	al, Balto, Md.		
	24	REMOVAL (S	MATION, 248, DATE	24C.N/	AME OF CEMETERY OF CREA			ity, town, or county! (State	al la
		Buri	al 6-21-6	9 0a	k Lawn		Balto.	ma	
	25	A. DATE REC'D		258 NAME C	F REGISTRAR	25C. FUNERAD DIRE	ETOR	223EDDA	
- II	_		JUN 20 196	الم المناور	BE. Jaben M.D.	Hoffmenn	Hieneral Ho	me- 3218 Hudas	wh
V	5	150-REV. 1/1/6				1-07			

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BALTIMORE CITY HEALTH DEPARTMENT

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n	MEDICAL	EXAMINER 2	CERTIFICATE	OF	DEATH PEG NI	0	

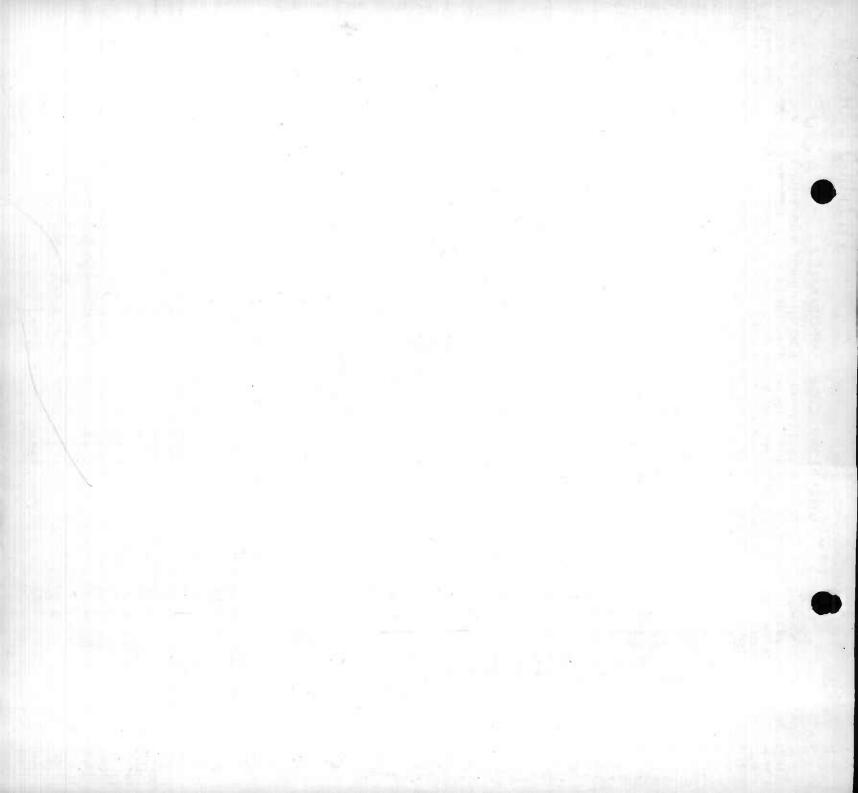
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1. N	AME OF DE	CEASED						2. DATE	Known 🗌	Month	Doy	Yeor	Hour	
(1Ab	e or ((iii))	ALONZ	ZO HA	LL				OF DEATH	Estimated	June	18,196	9	6:40	A .M.
4. F	LACE IN BA	LTIMORE, MA	RYLAND, V	HERE PI	RONOU	INCED DEAD		3. DATE		Month	Doy	Yeor	Hour	
HOS	NAME OF		T IN HOSPITA		SOITUTIT	N, GIVE STREET	1	PRONOL	INCED DEAD	June	18,196	9	6:40	А. м.
OR	NSTITUTION							5. USUAL RE A. STATE	SIDENCE (Where	deceosed	ived. if institut		belore odmis	sion)
	BON	SECOURS	HOSP:	ITAL		CAN		A. SIAIE	Maryland		B. COUNT		20	-0
6. S	EX	7. RACE	X-II	B. MARE	HED 🔀	NEVER MARRIE	D 🔲	C. CITY OR	TOWN		D. INSIDE	CITY LIMITS?) -	
	la 1e	Negr		WIDOV		DIVORCE			imore			YES	NO 🗆	
9. 0	ATE OF BIRT	TH	10. AGE (In lost birthdo	yeors	If Unde Months	er 1 Yr. If Under 24 1 Doys , Hours ,	Hrs. Min.	E. STREET A	ND NUMBER					
(VOT. 6)		49					W. Fairm	ount A	venue			
11.	BIRTHPLACE	State of foreig	n country)			IZEN OF HAT COUNTRY?		13. FATHER'	SNAME	11 1	1			
	Collin	nbja	30	,				WII	lierm /	405/1				
		UPATION (Give working life, ev		14B. KINI	OF BU	ISINESS OR IND	USTRY	15. MOTHER	S MAIDEN NA	WE OV.	. 6			
	Loz	pore!						100	55/6	Ura	CHIC	1		
		SED EVER IN I				7. SOCIAL SECURITY NO	200	1B. INFORM	211.11 6	- 90	1.1 1	ADDRESS	141	000-
	110					76-03-6/	4	rotuil	May 7	33/10	ceruit	St. Elle	xuell	11
	19.45	OXIT	FE8	80	X	CAUSE OF	DEAT	Н				DET	PPROXIMATE IN WEEN ONSET AT	
	DISEAS	SE OR COND	ITION DIRE	CTLY	1	Pu1mo	onar	y Embo	li					
		LEADING TO				(A)IMMED	IATE C	AUSE						
	(This does heart failure	not meon the e, osthenio, etc.	mode of dy It means the	ing, e.g.,				S A CONSEQ	JENCE OF:					
	injury or co	mplication which	h coused de	oth.)										
	A	NTECEDENT	CAUSES			(B)								
	DISEASES	OR CONDITIO	ONS, IF ANY	, GIVING		DUE TO	OR A	S A CONSEC	UENCE OF:				~~~~	
	UNDERLY	NG CONDITI	ON LAST.	TING THE		(5)								
ő.						(C)								
CERTIFICATION		NIFICANT CON				0		onobna	l Injurie	c		4 3		
표		R CONDITION				Crai	ITOC	erenta	I Injurie					
FR	20A. DATE O	F OPERATION	20B. CO	NOITION	FOR W	HICH OPERATIO	N WA	S PERFORM	ED			21. AUT	OPSY? (Yes o	r No)
O	2												yes	
3		RNAL CAUSE			22B. PL.	ACE OF INJURY	(e.g.,	n or obout 2	OC. WHERE DID	(if in Boltim	ore City, give	exoct locotion)		
EDIC		G⊠OR CON' AUSE OF DEA			nome, i	Home	i, onice	2	130 W. Fa	irmour	nt Aven	ue		
Σ	22D. TIME		oy) (Yeor)_ (Hou	r) 22E	INJURY OCCUR	RRED	2	F. HOW DID IN	JURY OCC	UR?	42		
	OF INJURY (APPROX.)	Subject	fe11	25-69	m. WH	ILE AT	NOT W	WHILE ORK	Subject f	o 11 de	orm cto	nc on I	Tob 25	1969
	23.	Jabjaca	1611		m.į wo		AT W	OKK LAI	sabject I	err a	JWII_S CE	ps on r	ED. 23,	1909
	I cer	tify that I he	eld on I	nquiry [Inspection	Aut	opsy 🗵	ond that on t	his bosis	, deoth in n	ny opinion		
	resu	Ited from: N	ettojal cou	ses 🗌	Acc	ident 🔀 S	uicid	e Ho	micide 🗌	Undeterm	Ined monne	or 🗌		
			/		17	1/			HIEF MEDICAL	XAMINER				
	ACTUAL		ull	111	1/1	ent la		ASSI	TANT MEDICAL	XAMINER	X		DATE SIGN	VED
	SIGNAT	IED'C		11	1		_M.D		CIATE MEDICAL I			6/1	0/60	
	NAME ((Type) Ron	ald N.	Kor	nb1u	m,M.D.		A330	CIAIC INEDICAL	- TOTAL VER		0/1	18/69	
	BURIAL CRE	MATION, 2	4B. DATE	1		NAME of CEME	TERY	or CREMATO	RY 24D.	CATIO	N (Eity) to	own or good	1 AStat	te)
KE	ASVAL 4Spec	11/	0/2/1	101.0	191	1/ /2/	va	Jul 12	199. 1º	0180	1/4	117	101	
254	DATE REC'	BY HEALTHA	SEPT.	2,5B. N	IAME O	F REGISTRAR	74		UNEDAL DIRECT	OR	4111	ADDRESS	We	
	11 IN 9	0 1060	Qua.	3 2 3	ale	- KD	1	90/	11: 1	1	11/-	1 2 W	911	1
	JUIY A	4 200	0-0-0		Prin's	المين	11	0 /16/4	XVIV53 72	fre la	Maria	2 014	11 Schrie	retill.
VS I	51-REV. 1/1/6	SB \	5-16	diff. 1	9					•				

60%.67 Columbia St. William Hall Bospie Stanf Laporen 24-03-614 (Polont field 203 Halling It & Blighted 1 विश्वास है। दिस्तान्त्र दिनः, विदेशि हिरी भिति



V\$ 150-REV. 1/1/6B

	00 00	BALTIMORE CITY			REG. NO	69 6925
BIRTH NO.	69 62	35 CERTIFICA	TE OF D	EATH	REG. NO	00 0000
1, NAME OF DECEASED (Type or Print)	Ernest C	. Mobley			HOUR OF DEATH	16A.M. A
3. PLACE IN BALTIMORE, MA	ARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESI	B. COUN	deceosed lived. If i	institution: residence before admission
FULL NAME OF (IF NO ADDRE NITUTION	T IN HOSPITAL OR IN SS OR LOCATION)	STITUTION, GIVE STREET	Maryla c. CITY OR TOV Baltim	VN	D. 1NS	SIDE CITY LIMITS? YES **** NO
00 702 St	. Georges	Road	E. STREET AND	NUMBER	rges Road	
SEX 6. RACE	7. MARR WIDOV	INEVER MARKIED	B. DATE OF BIRT	г н	ost birthday	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
lone during most of working life, e	ven if retired)	of Business or Industry lley Camp Coa		(State or foreign	n country)	U.S.A.
3. FATHER'S NAME IKe Mobley			14. MOTHER'S EVA	MAIDEN NAM		
S. Was Deceased Ever in U. Yes, no or unknown) (If yes, giv	S. Armed Forces? e wor or dotes of servi	16. SOCIAL SECURITY NO. 212-03-2088	17. INFORMANT			Cross Mores 32 Palmer Green
heart failure, asthenia, e injury ar camplication w ANTECEDEL DISEASES OR CONDITION TO THE SIGNIFICANT CON TO THE DEATH BUT NOT IN THE DISEASE OR CONDITION CON TO THE DEATH BUT NOT IN THE DISEASE OR CONDITION CON TO THE DEATH BUT NOT IN THE DISEASE OR CONDITION CO	hich coused deoth.) NT CAUSES TIONS, if any, give cause (A) stating ON last. DITIONS CONTRIBUTIONS	ring (B)	A CONSEQUENC	E OF:		
DISEASE OF CONDITION CO	SIVEN IN PART 1 (A).		20A. AUTOPS	Y? (Yes or No)	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CA	USE OF _	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or obout 21 C. W	HERE DID	(tf in Boltimo	ore City, give exoct location)
21D.TIME (Month) (OF INJURY (APPROX.)	Doy) (Yeor) (Hour)	21 E. INJURY OCCURRED While At Not While Work At Work		OW DID INJU	JRY OCCUR?	
that (1) (we) lost sow t	he deceosed olive			ond the	963 to JUI of in(my) (our) op	NE 17 1969 Vinion death occurred on the dot
23A. SIGNATURE	ch DB	Cun a DEGREE Phys	nding M	ied.	Staff Phys.	JUNE 17 196
23C PHYSICIAN'S NAME (Type)	Dr. Joseph		2 Han	nill Ro	ad	
REMOVAL (Specify)	4B. DATE 246 6-19-69	Druid Ridge		Pil	kesville, E	Sity, town, or county) (Stote) Balto., Co. Md.
2SA. DATE REC'D BY HEALTH	2.0 1969	ME OF REGISTRAR	25C FUNER	DIRECTOR V. Jenk 05 Yor	ins & Son k Road B	alto., Md. 21212



Duocardial Infarction 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 1967 to 6-14 ...and that in (my) (apinian death accurred an the date 23B. DATE SIGNED Baltimore, Maryland Alington S. Phillips 1727 N. Monroe St. VS 150-REV. 1/1/68

6236

NO

Hours

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

U.S.A.

ADDRESS

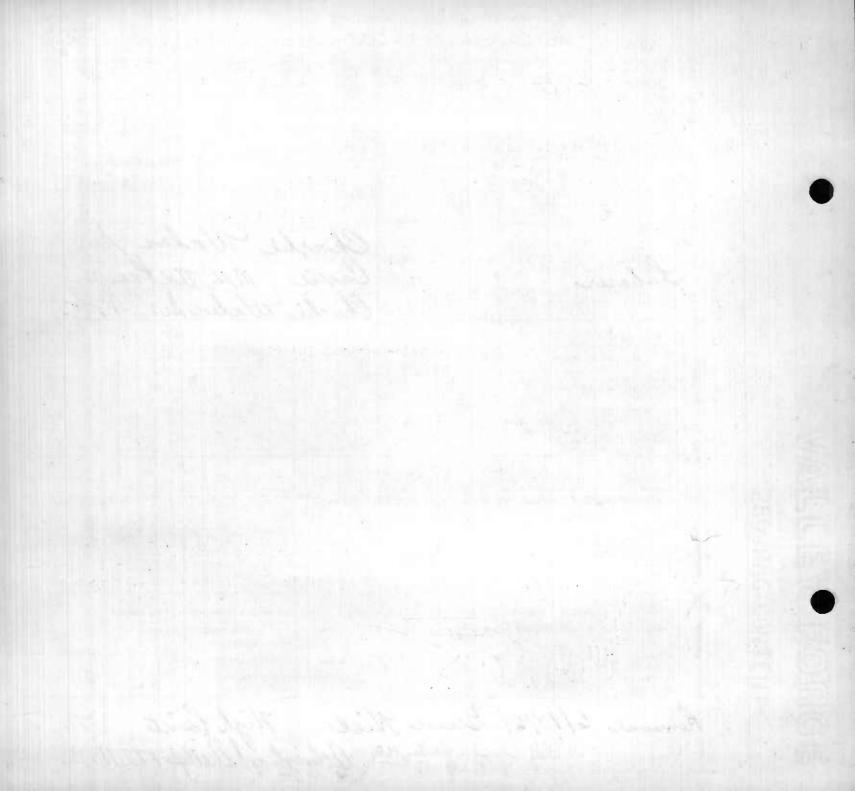
If Under 24 Hrs.

MINITURE DE LA TRAVAL

VS 151-REV. 1/1/68

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

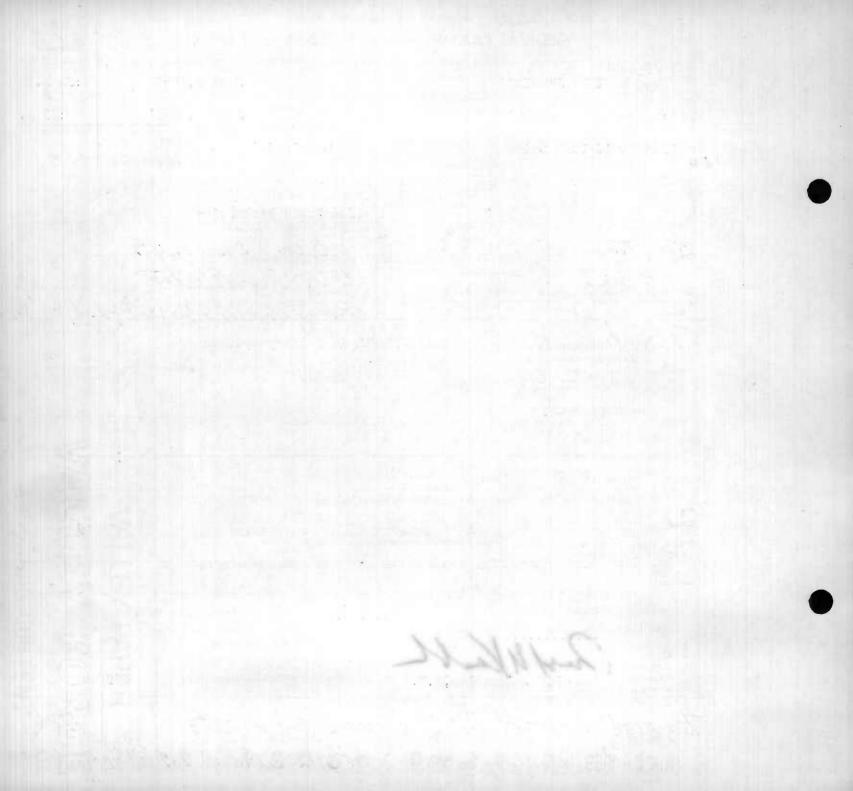
BIR	TH NO.		7712			TOTAL TERES		CATE OF	DEATH	REG. NO.			
	NAME OF DEC	EASED	-				2. DATE	Known 🗌	Month	Doy	Yeor	Hour	
(lyp	e or Print) JAME	is A	4xxx	fur	WAI	DEN	OF DEATH	Estimoted X					
4. [LACE IN BAL		RYLAND, W	HERE PR			3. DATE		Month	Doy	Yeor	Hour	IVI.
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET				PRONOI	JNCED DEAD	Termo		1060	2.20			
HO!	SPITAL INSTITUTION	ADDRE	SS OR LOCA	ION)			C LICITAL D	ECIDENICE (va	June		1969		
l o k							A. STATE	ESIDENCE (Where		ed. If Institution	residence b	efore admiss	ion)
	South	Baltim	ore Ge	neral	. Hos	sp. (DOA)		yland			of	- 0-	5
6. 5	EX	7. RACE	11 1573	B. MARR	IED 🗌	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CI	TY LIMITS?		
	male	negr	0	WIDOW	/ED 🗍	DIVORCED [Ba	ltimore		V	es 🔀 ı	NO []	
9. E	ATE OF BIRTH		10. AGE (In	yeors		or 1 Yr. If Under 24 Hrs.		ND NUMBER		-	-3 <u>-4</u> - 1	40 🖂	
		2	lost birthdo	1)	Months	Doys Hours Min.	12	C Edam	Chusah				
11	DIDTUDI ACE (C	7,	45		10 CIT	75105		S. Eden	Street	4		2	
11.	BIRTHPLACE (S	tote ar toreig	in country)			IZEN OF IAT COUNTRY?	13. FATHER	SNAME	411	- 1/2	. 1		
							Ch	arlie	W	aden	1	C.	
				48. KIND	OF BU	SINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN NA	ME	4 0	10		- 0
COIR	duringmentolw	I A D H A	en nrenred)				Can	rie,	MN.	TIMA	nou	Lec	
16.	WAS DECEASI	D EVER IN	U.S. ARMED	FORCES	? 17	7. SOCIAL	18. INFOR	MANT	1	O A	DDRESS//	-/-	0-1
	, no or unknown)					SECURITY NO.	101	1: 41	1.10.	. 10	The	9/20	au,
-	10					4	ma	ue a	laau	Opor	1)0	PROXIMATE IN	TED VAL
	19. E Q 1	6/1				CAUSE OF DEA	TH					EEN ONSET AN	
	DISEASI	OR COND	ITION DIREC	CTLY		Cranio-(Carobra	Injuries					
		EADING TO	DEATH			(A)IMMEDIATE		Linjunte	5				
		ot meon the				DUE TO, OR	AS A CONSEC	UENCE OF:					
	Injury or com	osthenio, etc.	ch coused dec	th.)									
Н		NTECEDENT				(8)	AS A CONSE	DUCLICE OF					
Н	RISE TO THE	ABOVE CAL	USE (A) STAT	, GIVING		DUE TO, OK	AS A CONSE	JUENCE OF:					
7	UNDERLYIN	IG CONDITI	ION LÁST.			(c)							
Q			11										
Ĭ₹		IFICANT CON											
윤		ATH BUT NOT CONDITION			INAL	1000000000000000000		**************					
CERTIFICATION					FOR WI	HICH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes o	r No)
ö	A												
¥	22A. FXTER!	NAL CAUSE	MAC		220 DI 4	ACE OF INITION/	(n. n. n. l. n. 1/2	OC WHERE DID	Att to Delaters of	C11		No	7
O	UNDERLYING				home, fo	ACE OF INJURY (e.g., orm, foctory, street, office	te bidg., etc.)	NJURY OCCUR?	Russel	I St	475°£	t. nor	th
	UTING CA					street		of Westpo	ort cut	off.			
Σ	OF INJURY	(Month) (D	oy) (Yeor) (Hour	r) 22E.	INJURY OCCURRED	2	2F. HOW DID IN	JURY OCCU	R? Passe	nger i	n truc	k -
Ш		/15/69	2:10	Ρ.	m. WHI	RK NOT	WHILE X	truck ove	erturne	d - sub	j. thr	own ou	t
	23.	· · · ·			111.1	A	TORK La				- 54		
Н	I cert	ify that I h	eld on I	nquiry [nspection X AL	topsy 🗌	ond that on t	his basis,	deoth in my	opinion		
П	le	ed from: N			_	Idant & Suich	H.	micide	Hadatamia	ed manner			
	resutt	1. 1.	idioral cao	368	ACC	TUBUH EL					_		
	ACTUAL	110/0	21.0/1	1	200	1		CHIEF MÉDICAL				DATE SIGN	IED
Н	SIGNATI	JRE /	JINY 1		1	M.I	D. ASSI	STANT MEDICAL	EXAMINER	K			
	EXAMINI	ER'S TAT	erner	II Cn	ita	MD	ASSC	CIATE MEDICAL	EXAMINER			6/16/6	9
	NAME (T	ype)		0. sp	1	the state of the s							100
	BURIAL CREA		4B. DATE	-1	24C	NAME of CEMETERY	or CREMATO	DRY 24D.	LOCATION	City, tow	n, or county)	(Stot	e)
KE	MOVAL (Specif	1 0	6/18	169	1	100000 4	2000.	7.1	111.4	Variat		111	1
05	DATERECIO	DV HEALTH	DEDT	Jose At	AMEC	E DECISTRAD	ues.	ELINIEDAL DIDECT	09/109	and	DDDESS	1100	11
25/	A. DATE REC'D	BY HEALTH	2 1 196	Q 258	AME O	E Jake M	D 2507	FUNERAL DIRECT	01/11	11 -	DDRESS	2 1000	
		VUII	- V 100	W 000	-	- ALLANDA . W	-	14,01010 1	11 /1/16	DU Blins	/ / / / /	1 111 8 4	IARL-



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

H-6.	30	69	6238	BALTIMORE CITY CERTIFICA			REG. NO	69	6238
BIRTH NO.				CLKIIICA	11-				
1. NAME OF DEC	JA	MES H	HART			(0)	HOUR OF DEATH	1	9 45 P
3. PLACE IN BAL	TIMORE, MAR	YLAND, WHE	RE PRONOU	NCED DEAD	4. USU	AL RESIDENCE (Where	deceased lived. II	institution; resi	dence beloro admission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT	N HOSPITAL	OR INSTITU	TION, GIVE STREET	1	1D -		SIDE CITY LIM	7-01
		0 0-	. 00	11. 0		BALTIMO		YES TY	ио П
48 Mi	ARYLAN.	D GEN	VEKAL	HOSFITAL	E. STRE	ET AND NUMBER 637 N	PACA S		
5. SEX M	6. RACE	- 1	MARRIED VIDOWED	NEVER MARRIED DIVORCED	8. DATE	30 TO F	ost birthdoy)	II Under 1 Months D	Yr. II Under 24 Hr.
done during most of t	JPATION (Give working life, ever	n if retired)	KIND OF	BUSINESS OR INDUSTRY	11. BIRT	HPLACE (Stoto or foreign	gn country)		N OF WHAT COUNTR
13. FATHER'S NAM					14. MO	HER'S MAIDEN NAM	AE .		
	JOHN	HART				TUANT	RUA LAME	1400-	
5. Was Deceosed	Ever In U. S.	Armod Forces	? 1	6. SOCIAL	17. INFO	RMANT	HA LOCK		DDRESS
Yes, no or unknown)	(If yes, give v	wor or doles of	service)	2 17-67-457		CHART.			NO DRESS
18. 45	31.01			CAUSE OF DEATH	1				APPROXIMATE INTERVAL
	E OR COND		TLY		51	IRAPARIMIA	· O IF MAD		
	LEADING TO of meen the		ina oa	(A) IMMEDIATE CAU		BARACIANO			? 2days
heorl failure,	asthenia, etc.	Il means the	disease,	DUE TO, OR AS	CONSE	QUENCE OF: No Color Corrections COLOR CORRECTIONS COLOR CORRECTIONS COLOR CORRECTIONS COLOR CORRECTIONS COLOR CORRECTION COLOR COLOR CORRECTION COLOR COLOR CORRECTION COLOR COLOR CORRECTION COLOR CORRECTION COLOR COLOR CORRECTION COLO	1 4 6	4.4	V -
	plication which		ath.)	SKONTA	2000	vus in 1)	CA CEILE		
	ANTECEDENT			(8)	C / .	openents a	2		
rise la lhe	R CONDITION abave car CONDITION	use IA) slo	, giving oling the	(c) 144 PER	Rew 3	EQUENCE OF:	FBRO-VA	scurp	L My
	Ш								
OTHER SIGNIF	ICANT CONDIT H BUT NOT REL ONDITION GIV	ATED TO THE T	ERMINAL	######################################		************************			***************************************
19A. DATE OF	OPERATION	198 CONDITI	ON FOR W	HICH OPERATION	20 A.	AUTOPSY? (Yes or No)	208. IF YES, WERE IN CERTIFYING C.	FINDINGS CAUSES OF DE	ONSIDERED ATH?
On CONTRACT	TINO CAUS	RLYINO SE OF ner)	218, P hame, elc.)	LACE OF INJURY (e.g., in form, foctory, street, aff	or obout	21C. WHERE DID INJURY OCCUR?	(If In Boltimo	ore City, give o	exoct lacotion)
DEATH (notify 21D. TIME OF INJURY (APPROX.)	(Month) (Do	y) (Year) (H	tour) 21 E. J While Work	At Work		21F. HOW DID INJU	RY OCCUR?		
22. 1	that (1) (ske	hasaiani) la		deceased fram		6/15	16.	, 1.	
that (1) (we)				deceased from	<i>6</i> 19	10'	t in (mv) (four) ap	inian death	occurred on the day
				(We)(did)(did nat) vi					
23A. SIGNATU		//	4 4	(3.0.1.0.1)		and dies deatile		23B. DATE	SIGNED
()	Phi	11/4/	60111	Mug A Atter	nding	Med.	Staff Phys.	1/0-	11-69
23C. PHYSICIA	N'S	y sur	CO P		3D. ADD		hys.	2 11	.40
24A. BURIAL CREA	MATION, 24B.	HLO-	SAE	RGS GEGREE	14.	HKY/and	gen 1	Also	pilal
Burtai	pecify)	6/21/6	24C. NAA	It Auburn		try I	Baltimore	City, town, or e	
25A. DAJUNE'2	'U 1989 "	Valent K	- NAME &	REGISTRAR O	A'd	olphus Ha			north AV
VS 150-REV. 1/1/6	8								

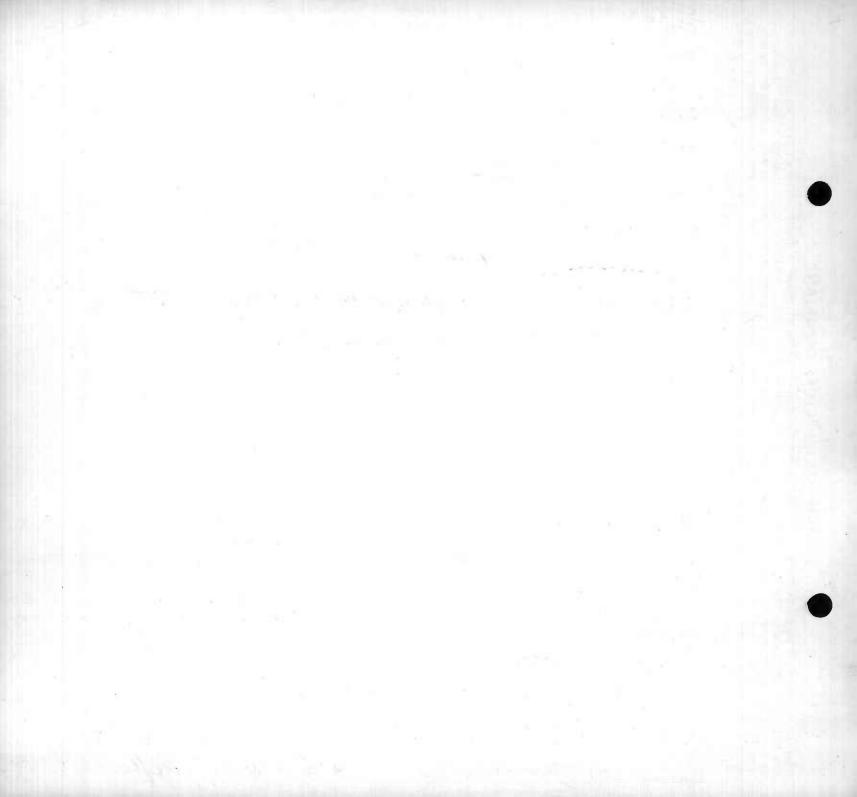




342		BIRTH NO. CERTIFICATE OF DEATH REG. NO. 69 6240	
U	death death eased n the	THAME OF DECEASED	
	Defeas on t	JOHNSON, LINWOOD 6/12/69 42	9
V	a e D	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmi	ssion)
0	hos hos danc	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) WATYLAND Maryland COLY OF TOWN	
16	ra car car rend	Baltimore C. CITY OR TOWN D. INSIDE CITY LIMITS? Baltimore YES NO	
- 4	in B B to S	The Johns Hopkins E. STREET AND NUMBER	
	boti ned lar d pr	Hospital 2634 Boone Street 21218 5. SEX 6. RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., II Under 24	
	occurre ontribut ermined regular sased p	Male Negro widowed Divorced 7/4/12 Cost Birthday) 56 Months Doys Hours M	Hrs.
	404 - 96	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or loreign country) 12. CITIZEN OF WHAT COU	NTRY?
	0 0 E v .=	Retired Virginia U.S.A.	
_	wa the spos	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Z	4 5 5 E	Robert Carter 15. Wes Decessed Ever in U. S. Armed Forces? (Yes. no or unknown) (If yes, give war or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
ITA	V T3 U L	(Yes, no or unknown) (If yes, give war or dotes of service) SECURITY NO.	
IMPORTANT	2 4 7 B B .	18. CAUSE OF DEATH APPROXIMATE INTERV	/ 41
MP	E 0 4 E 0 T0	DISEASE OR CONDITION DIRECTLY	HTAS
	A a c a E	(This does not meen the made of duing as (A)IMMEDIATE CAUSE	h
SR:	miner. fractu o pro	heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	
CT		ANTECEDENT CAUSES (B) Deputemin & ASCVD many	<u>.</u>
DIRECTOR:	4 60	DISEASES OR CONDITIONS, it any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last, (C)	
	ical iss; cia ain	ONDERCTING CONDITION (ast. (C)	
FUNERAL	medical herns; hysicic in was remair	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I O THE DEATH BUT NOT RELATED TO THE TERMINAL	
ER	hief man mody he p	Disease or Condition Given in Part 1 (a).	•••
Z	マンロナンの	WAS PERFORMED 178. CONDITION FOR WHICH OPERATION 179. CONDITION	
IL.	4 2 5 0 0	OP CONTRIBUTION OF THE PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID	
	A N Period	Q 21D. TIME (Month) (Day) (Year) (Hand 21E IN IN IN OCCUPAND	
	b hos natu cept nd (6)	OF INJURY OF INJURY OCCURED At Work At Wo	
	ppro the any (exc obt	22. I certify that (I) (this hospital) attended the deceased from 15/29 30/9.	9-
		that (1) (we) last saw the deceased alive an 6/12 19 69 and that in (my) (aur) apinion death accurred on the	date
	t bessed	and haur and from the causes stated above, (1) (We) (did) (did not) view the body after death.	
	3 6.0 2	Aftending Med. Stoff 238, DATE SIGNED	
		23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 23D. ADDRESS	_
	S A g a	I redurand S. Handed & m.f. DEGET 1519 to MONUMENT St. BALTIMORE Me	
	EACORE	REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or country) (Specify)	e)
	7412 4 4 1	25A. DATE REC'D BY HEALTH DEPT. 125B. NAME OF REGISTRAR 125C. EMNERAL DIRECTOR	
	This the show was deco	JUN 20 1969 Page E. James OF REGISTRAR 125C, SUNERAL DIRECTOR APONESS LANGUE STANDARD 217 E. Tronton	70
		VS 150-REV. 1/1/48	4

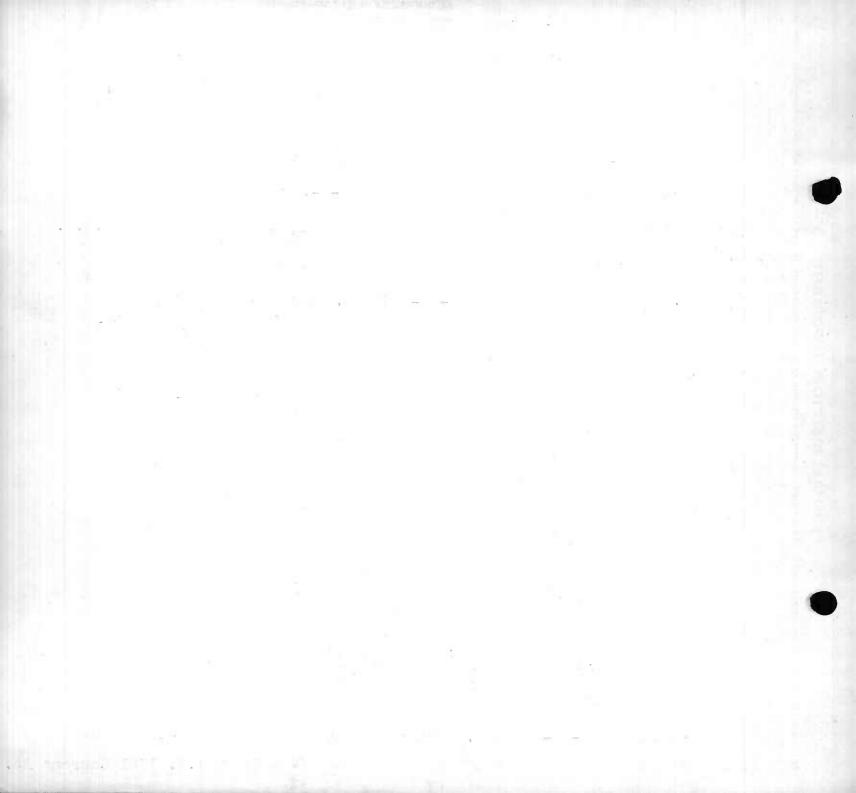


BALTIMORE CITY	HEALTH DEPARTMENT
4-16 69 6241 CEPTIFICA	TE OF DEATH REG. NO. 03 6241
BIRTH NO.	
T, NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
titev. Goorge K.	6-18-69 111,25 P.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. Il institution; residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	1602 W. Prate St. 19-03 c. CITY OR TOWN D. INSIDE CITY LIMITS?
34 Ralto Riaske	E. STREET AND NUMBER
Bon Secars, Hospital- 545.	1602 W Bratt St.
S. SEX 6. RACE 7. MARKIED NEVER MARKIED	3. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
M WIDOWED DEFORMED	3/1/1900 lost birthdoy) 69 Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY) done during most of working life, even if retired)	1. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
TRUCK DRUVER GAS & Election	Breto ma
	4. MOTHER'S MAIDEN NAME
FIFOR	
DATROWN	Onknown
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	7. INFORMANT ADDRESS
NO NO 212.05-6267	MRSKOSEK-NOYES - 28 Kenne be Dalto 25
1B. CAUSE OF DEATH	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	Howke heard you were.
(This does not meen the made at dying, e.g., DUFTO OR AS A	CONSEQUENCE OF:
hearl failure, osthenia, etc. It meons the disease, injury or complication which caused deoth.)	
ANTECEDENT CAUSES A 3 C \	1D. 5 hopher terroson
(B)	A CONSEQUENCE OF:
	sible eva.
UNDERLYING CONDITION lost. (C)	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I TO THE DEATH BUT NOT RELATED TO THE TERMINAL O DISEASE OR CONDITION GIVEN IN PART 1 (A).	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	20A. AUTOPSY? (Yes of Not) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
E C	NO. IN CLASS OF BEATING
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, lorm, foctory, street, olfi	or obout 21 C. WHERE DID (If in Baltimore City, give exect location) ce bldg., INJURY OCCUR?
21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Work At Work	
	6. 16. 10 69:0 6. 18. 10 69
22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost saw the deceased glive an	17 . 9 . 7. 10
that (I) (we) lost saw the deceased alive an	19 and that in (my) (our) apinion death occurred an the date
and hour and from the causes stoted obave. (1) (We) (did) (did not) vi-	ew the body after deoth.
23A. SIGNATURE	23B, DATE SIGNED
U. Samyleum Atten	ding Med. Staff Phys.
DEGREE	BD. ADDRESS
NAME (Type)	Bon Breaux Hospital.
U. BANGKUM.	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREM	AATORY 24D. LOCATION (City, town, or county) (Stote)
BURIA 1 15/07 TOPHAR GLOVE LEMEL	ery Cocioes will - MJ
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR, ADDRESS
IIIN 20 1969 Robert E. Farber M.D.	0/100 N Kany Welloo Hellen W
V(C 160 BEV/ 1/1/4B	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

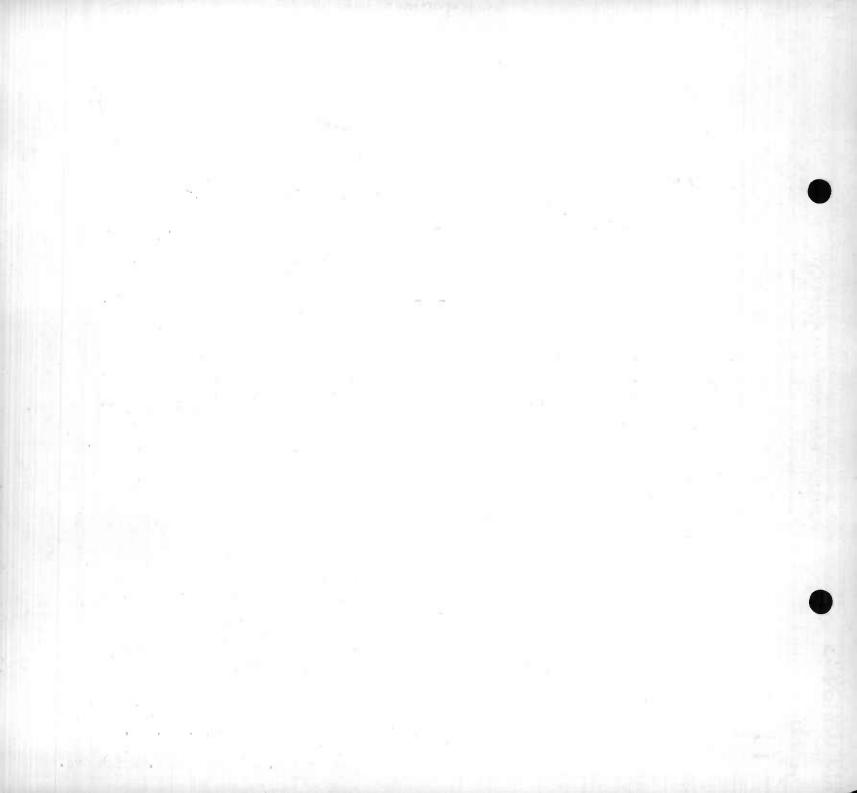


VS 150-REV. 1/1/68

M-250	69 62	BALTIMORE CITY CERTIFICA	HEALTH DEPARTMENT	REG. NO.	69 6242
BIRTH NO. 1. NAME OF DECEASED Type or Print)			2. DATE A	ND HOUR OF DEAT	
Des	ssie Masc			e 16, 196	
3. PLACE IN BALTIMORE, MARYLA	HOSPITAL OR INS	TITUTION, GIVE STREET	4. USUAL RESIDENCE (WHA. STATE B. COU		institution: residence below admission)
HOSPITAL OR ADDRESS C	R LOCATION)		C. CITY OR TOWN	D. IN	YES X NO
000 000(P	a D	a	E. STREET AND NUMBER		110 22
	ound Road		2836 Round		
Female Negro	WIDOW		10-4-1893	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
IGA. USUAL OCCUPATION Give kin done during most of working life, even if Retired		OF BUSINESS OR INDUSTRY	Baltimore,		U.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN NA		
Leven Mase	on		Julia Mas	on	
5. Wos Deceosed Ever in U. S. Ar Yes, no or unknown) (If yes, give wo	med Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	011	ADDRESS
No.		215-28-1951	Mr. Howard		836 Round Road APPROXIMATE INTERVAL APPROXIMATE INTERVAL APPROXIMATE INTERVAL
Injury or complication which ANTECEDENT C DISEASES OR CONDITION rise to the obove cous UNDERLYING CONDITION OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION GIVEN 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDER	CAUSES IS, if ony, giving the control of the terminal of the	(C)	A CONSEQUENCE OF:		ENDINGS CONSIDERED
19A. DATE OF OPERATION	AS PERFORMED	OR WHICH OPERATION	NO NO	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTING CAUSE		21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID	(If In Boltin	nore City, glve exoct location)
21D. Time (Month) (Day) of injury (APPROX.)	(Yeor) (Hour)	21E, INJURY OCCURRED While At Not While Work Not Work	21F. HOW DID IN	NJURY OCCUR?	1 (
22. I certify that (I) (this had (I) (we) last saw the cause and hour and from the cause 23A. SIGNATURE	leceased alive a	(I) We) (did) did-nai)	riew the bady after death	()	23B. DATE SIGNED (C) 20 / 69 (C) 20 / 69
24A, BURIAL CREMATION, 124B, E	DATE 240	NAME of CEMETERY OF CR	EMATORY 24D.	LOCATION	(City, town, or county) Z to toke)
Burial 6-		Mt. Auburn Co	emetry	Baltimore	, Maryland
JUN 2 0 1969 P	C. A. E. Jak	Ben, M.D.		DYETT F.H.	1701 Laurens S



V\$ 150-REV. 1/1/68



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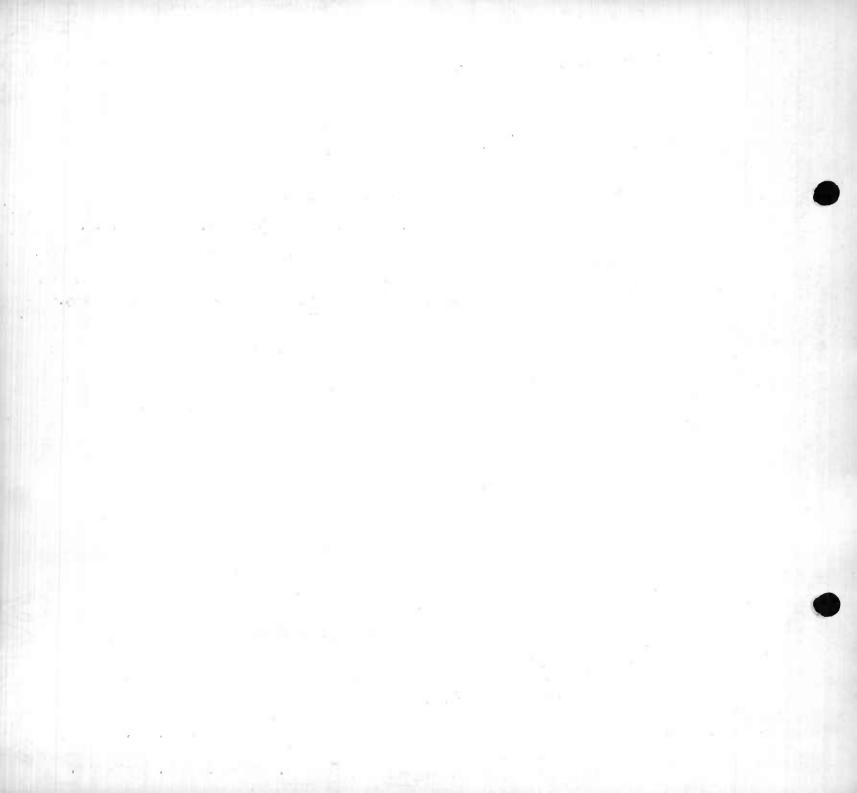
and

death

	00	BALTIMORE CITY	HEALTH DEPARTMENT			
	09 04	CERTIFICA	TE OF DEATH	REG. NO	-59	6244
BIRTH NO. 1. NAME OF DECEASED				AND HOUR OF DEATH		
(Type or Print)	777	7 - 0				C 25 31
WALLACE			4. USUAL RESIDENCE (W	6/16/69		6:25 A)
S. PLACE IN BALLIMORE, MARTLAN	D, WHERE PRO	NOUNCED DEAD	A. STATE 8. COL	UNTY	institution; residen	ce before odmission
FULL NAME OF (IF NOT IN HO	SPITAL OR IN	TITUTION, GIVE STREET	Maryland		16	-05
HOSPITAL OR ADDRESS OR I	LOCATION)		C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?	
2			Baltimore		YES X	NO
The Johns Hopkin	as Hosp	ital	E. STREET AND NUMBER			
	_		2317 W. La:	fayette Ave	enue	
SEX 6. RACE	7. MARRI	ED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr.	If Under 24 Hrs
Female Negro	WIDOW		11/4/09	lost birthdoy)	Months Doys	Hours Min.
OA. USUAL OCCUPATION (Give kind of					DO CITIZENI C	F WHAT COUNTR
one during most al working life, even if reti	red)					
Wapper	=	Hutzler Bros.	New Port N	iews, Va.	U.S	.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME		
George E. Roge	ers		Gracie G	Bary		
5. Was Deceased Ever in U. S. Armer		1 6. SOCIAL	17. INFORMANT		ADD	necc
Yes, no or unknown) (If yes, give wor or	dotes of service	e) SECURITY NO.				
Me		215-09-2599	Mrs Rosaland	Lee 2905 Gwy	nn Falls	Pkwy.
(This does not mean the mode heart failure, asthonia, etc. It m injury or complication which complication which complished to the complication of the complished to the complete that the comple	eans the disecused deoth.) JSES if any, giv (A) stating	(8)	A CONSEQUENCE OF:			
O OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN	TO THE TERMIN	G NI	betes			
19A. DATE OF OPERATION 198.		R WHICH OPERATION	Yes or	No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CON AUSES OF DEATH	SIDERED 1? NO
U 21A. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	AG 🔲	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(tf in Boltimo	re City, give exoc	t locotion)
21D. TIME (Month) (Doy) (Y OF INJURY (APPROX.)	(Hour)	While At Not While Work At Work	2) F. HOW DID I	NJURY OCCUR?		
22. 1 certify that (I) (this hos	ottal) attende	d the deceased from	0/17	.19 C9 ta	1/15	19 69
that (t) (we) last saw the dec		-1	1.	that in (my) (aur) ap	Inian doub	
A					inian death ac	curred an the da
and haur and fram the causes	stated above	. (1) (We) (did) (did not) v	iew the bady after death	1.		
23A. SIGNATURE	1111				23 B. DATE SIG	NED

Staff Phys. Attending Med. Director 23C.PHYSICIAM'S NAME (Wype)

John 23D. ADDRESS D. Stobo, M.D The Johns Hopkins Hospital 24A. BURIAL CREMATION. 24B. DATE REMOVAL (Specify) 24D. LOCATION 24C. NAME of CEMETERY OF CREMATOR (City, town, or county) 6/20/69 Mount Auburn Cemetery Baltimore, CO. Md. Burial 25A. DATE REC'D BY HEALTH DEPT. Pale & E. Ja A Herbert E. Nut ADDRESS UN 20 Nutter 3035 W. North Ave. VS 1S0-REV. 1/1/68





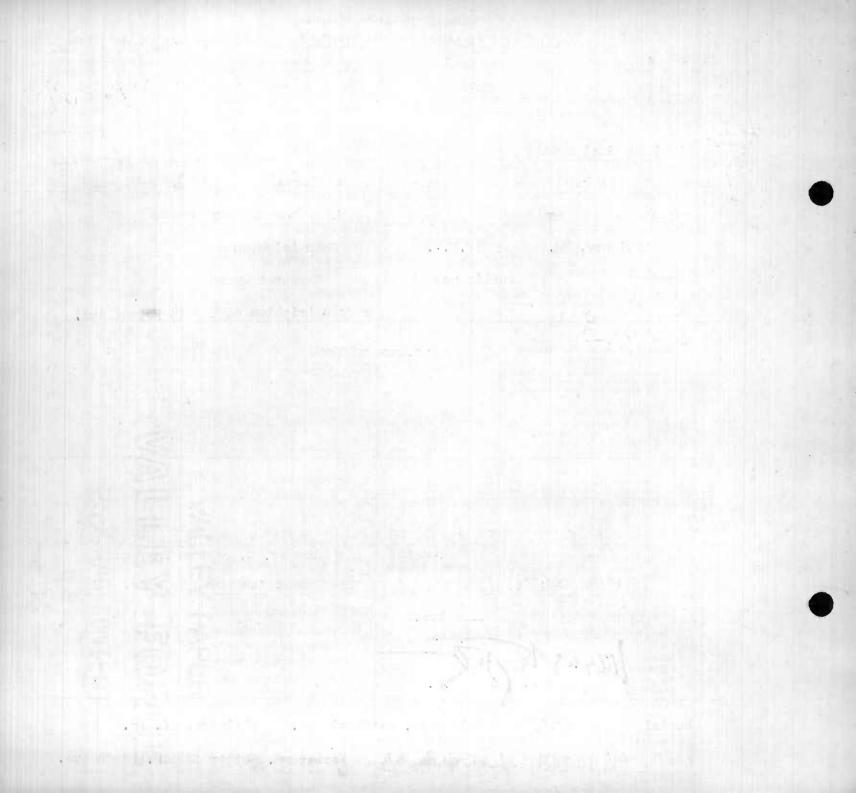
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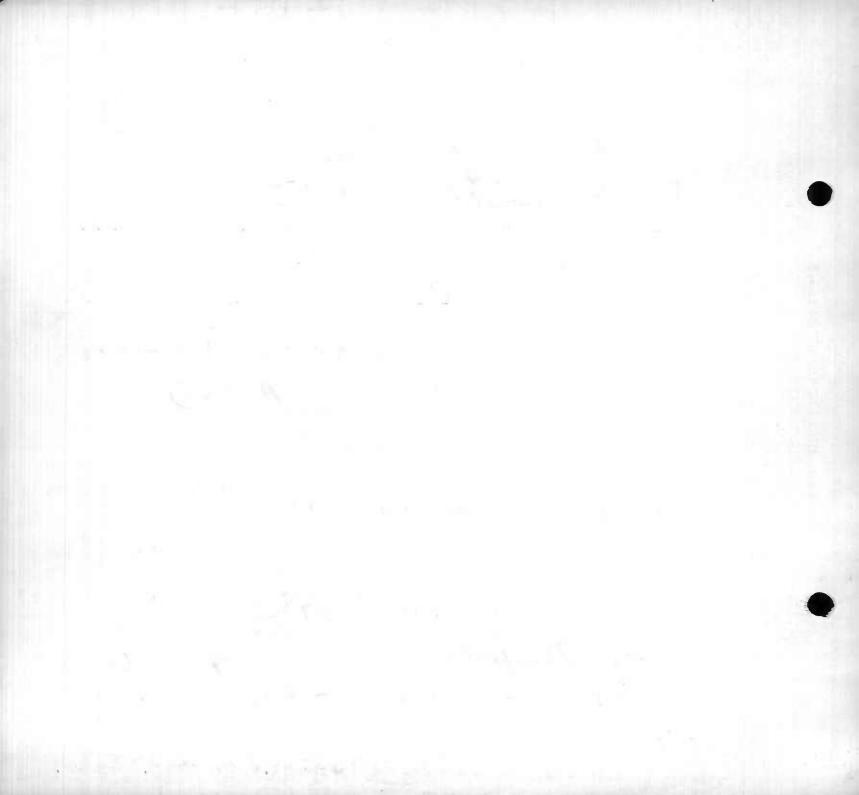
BALTIMORE CITY HEALTH DEPARTMENT

69

MEDICAL	EY A MINIED'S	CERTIFICATE	OF DEATH
MEDICAL	EVAMILLEK 2	CERTIFICATE	OF DEATH

BIRTH NO.		MED	OICAL	EX.	AMINER'S	CERTIFIC	CATE OF	DEAT	H REG. NO	69	62	46
NAME OF DEC	CEASED					2. DATE	Known 🔲	Month	Doy	Yeor	Hour	
Type or Print) MON				OTTE	זאיז	OF	Estimoted X X			1969		10 n
. PLACE IN BAI		RYLAND. V	WHERE PR	QUEL		DEATH 3. DATE	Z3MMOTO NA	June	17,	Year	Hour	10 B.
ULL NAME OF IOSPITAL OR INSTITUTION	(IF NO		AL OR INST		N, GIVE STREET	PRONOU	NCED DEAD	June	17,	1969	12:	M.
	Hospita	1 (DOA	()			A STATE	sidence (where yland		B. COUNTY		5 - /	3
. SEX	7. RACE		B. MARR	IED 🗌	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE	CITY LIMITS?	-	-
male	ne	gro	WIDOW		DIVORCED	Ba1	timore			YES X	NO 🗆	
DATE OF BIRT		10. AGE (I	n yeors by)	If Unde Months	er 1 Yr. If Under 24 Hrs. Doys Hours Min.		ND NUMBER 06 Park 1	Ioichts				
2/1/62 1. BIRTHPLACE (n sountsy)		12 CIT	IZEN OF	13. FATHER'S		leights	Avenu	.e		
		·										
	ltimore		-63		M. Sountry?		hn Leigh					
4A.USUAL OCCU	JPATION (Give working life, ev	e kind of work en if retired)	14B. KIND	OF BU	ISINESS OR INDUSTRY	15. MOTHER	'S MAIDEN NA	ME				
one during most of Stude	nt		Pt	ubli	c School		Margaret	Queen				
6. WAS DECEAS	ED EVER IN	U.S. ARME	FORCES	? 1	7. SOCIAL	18. INFORM				ADDRESS		
es, no or unknown	(It yes, give w	vor or dotes	of service		SECURITY NO.	Mr Tohr	Leighto	n 4300	Park i	Ja Sashak	Acce	
119.	100			1	CAUSE OF DEA		Leighto	11 4007	ratk 1	neight	PPROXIMATE II	NTERVAL
(This does not heart failure	EE OR COND LEADING TO not meon the e, osthenio, etc. mplication whice	DEATH mode of do	ying, e.g., e diseose,		(A)IMMEDIATE	e of Ne CAUSE AS A CONSEQU				0211	WEEN ONSET	AND DEATH
DISEASES RISE TO TH	NTECEDENT OR CONDITION E ABOVE CAI NG CONDITI	ONS, IF AN	Y, GIVING ITING THE		(B) DUE TO, OR	AS A CONSEG	UENCE OF:					
O THE DE	NIFICANT CON ATH BUT NOT R CONDITION	RELATED TO	THE TERM		\$ \$100 M MM All MI 400 440 440 440 440 440 440 440 440 44	prior specific (5) 100 100 100 100 100 100 100 100 100 10	00 00 00 00 00 00 00 00 00 00 00 00 00					
20A. DATE O	FOPERATION	1 20B. CO	NOITION	FOR W	HICH OPERATION W	AS PERFORM	ED		21	21. AUTO	No No	ar No)
UNDERLYING	NAL CAUSE GEOR CON AUSE OF DEA	TRIB- TH.			ACE OF INJURY(e.g., orm, foctory, street, offic STREET		160 ft.	N. of	Charle			15-1
OF INJURY (APPROX.)	(Month) (D	9 K	12 ^{(H} 1'(m. 22E WH WO	INJURY OCCURRED	WHILE X	F HOWDID IN Pedestri			a car		
23.				٦ .	ক্তব্য							
cert	tify that I h	ald an	Inquiry L		nspaction XX Au	tapsy L	and that on t	his basis,	daoth In m	y apinian		
resul	ted fram: N	atural car	ses 🗌	Acc	ident X Suicio	de 🗌 He	nicida 🗌	Undetarmi	nad mannai			
			1		\rightarrow	_ (HIEF MEDICAL	EXAMINER			DATE CLO	NIED
ACTUAL		us/	1	M	1	ASSIS	TANT MEDICAL	EXAMINER	X		DATE SIG	MED
SIGNAT	1.0	V - V		-	M.D).					6/17/6	9
EXAMIN NAME (1 24A. BURIAL CRE	Туре)	erner	U. SI	-	NAME of CEMETERY		CIATE MEDICAL	LOCATION	10:3	wn, or county		ote)
REMOVAL (Spec	ify)							LOCATION	(City, 10	wit, or county	, (310	,,
Burial		6/20	0/69	В	altimore, Na	ational	Cem. B	altimo	re, CO.	. Md.		
SA. DATE REC'D	BY HEALTH	DEPT.	25B. N	AME O	F REGISTRAR	25C. F	UNERAL DIRECT	OR		ADDRESS		
	11 M 2	0 1969	Q 000	Re B &	E. Jaben M.D.	Her	bertoE.	Nutter	3035 V	V. Nort	h Ave	





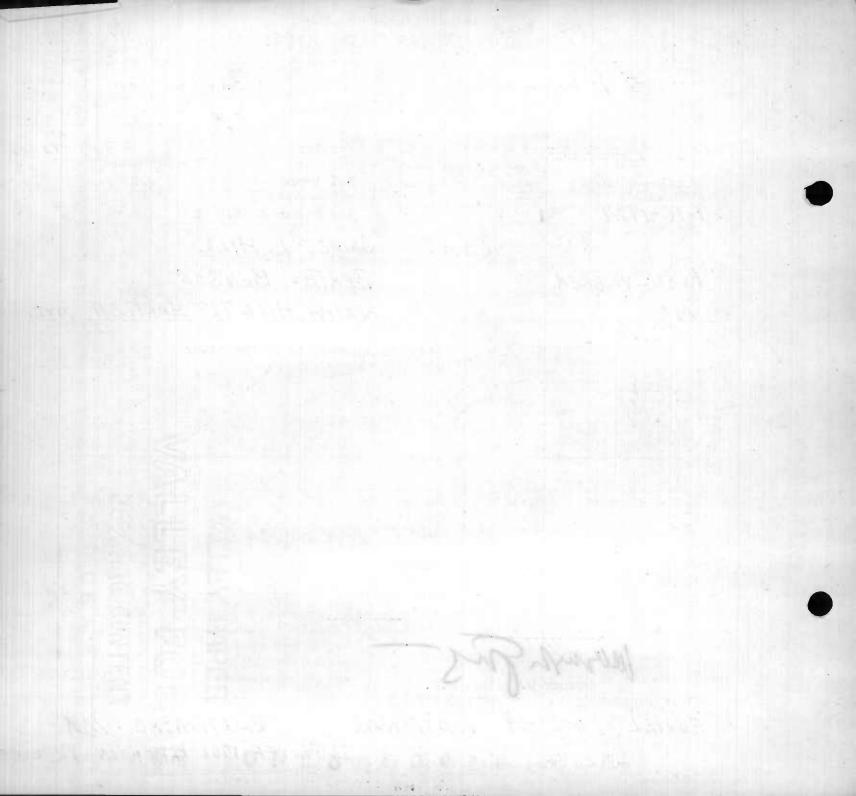
69 6248	BALTIMORE CITY HEALTH DEPARTMENT	NT /	
BIRTH NO.	CERTIFICATE OF DEAT	H REG. NO.	9 6248
1. NAME OF DECEASED (Type or Print)	2, PA	TE AND HOUR OF DEATH	, 20 ,1
3. PLACE IN BALYIMORE, MARYLAND, WHERE PRONOUN	VAND T.	une 18, 1969	1 1 1
	No SINIE Do	(Where deceased lived, If institutio	nt residence before odmission)
FULL NAME OF (IF NOT IN HOSMTAL OR INSTITUTE ADDRESS OR LOCATION)	ON, GIVE STREET C. CITY OF TOWN	TA.A. CO.	52-0
	1 1	D. INSIDE CIT	
JouTH BASTIMORE PART	HOSPITAL E. STREET AND NUM		
43	300 012	RIVERSIDE	Rd. 21225
	NEVER MARRIED 8. DATE OF BIRTH	9. AGE (In years If U lost birthdoy) Mon	nder 1 Yr. If Under 24 Hrs. hs; Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10 B, KIND OF BI	DIVORCED BALTIMOR		
dong during most of working life, even if retired)	N	or foreign country)	CITIZEN OF WHAY COUNTRY?
13. FATHER'S NAME	MICAZ MITHER'S MAIDE) I	USA.
716			
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no grunknown) (If yes, give wor or dates of service)	5. SOCIAL 17. (NFORMANT	eRS	ADDRESS
	SECURITY NO.	2/01-	URRUSS
[18. 197]	CAUSE OF DEATH	ekberg.	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	assiration 1	- sastrointeste	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not meen the mode of dying, e.g.,	(A) IMMEDIATE CAUSE LEOOD D) mini
heard foilure, asthenia, etc. If means the disease, injury or camplicalian which caused deoth.)	DUE TO, OR AS A CONSEQUENCE OF:	in e periene	, / -
ANTECEDENT CAUSES	And with the	gara 77	1 2.
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS A CONSEQUENCE OF:		mus
rise to the above cause (A) stoling the UNDERLYING CONDITION last.	Metabolic of lect	A if Careinom	7 6 MOS.
II	(c)	- F-coc wa	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		V	
A IDISEASE OR CONDITION GIVEN IN PART & (A).	***************************************		
19A-DATE OF OPERATION 19B CONDITION FOR WHI	ICH OPERATION 20A- AUTOPSY? (Yes	OF No. 208, IF YES, WERE FINDIN IN CERTIFYING CAUSES O	GS CONSIDERED
OR CONTRIBUTING CALLER OF	ACE OF INJURY (e.g., In or obout 21C, WHERE D	ID (If in Soltimore City,	give exact location)
DEATH (notify medical examined) home, etc.)	farm, foctory, street, affice bldg., INJURY OCCU	187	
Q 21D.TIME (Month) (Doy) (Year) (Hour) 21E, IN	JURY OCCURRED 21F. HOW DIE	D INJURY OCCUR?	
(APPROX.) While Work	At Work		
22. I certify that (1)(this hospital) attended the		19 68 to June	18 19 69
that (1) (we) last saw the deceased alive an	10/1/16	nd that in((my) (aur) opinion d	eath accurred an the date
and haur and from the causes stated above (1)			
23A. SIGNATURE		23 B. D	ATE SIGNED
yeary Lee or	Attending Med. Director	Stoff Phys.	me 18, 1969
23C.PHYSICIAMS NAME (Type)	MD 23D. ADDRESSY B	A Ger. Horo	0.
HLISEKI LEE DH	GEGREE 134	21.140	<i>T</i>
24A. BURIAL CREMATION, 24B. DATE 24C. NAM	e of CEMETERY of CREMATORY		or county! (State)
25A. DATE REC'D BY HEALTH DEPT. 25B, NAME OF 1	LEGISTIAR 25C. FUNERAL DIRE	AA. Co	ma.
JUN 2 0 1969 JUN 2 6	laber M.D. Ma P. al	EH. V37 A	storpse are
'S 150-REV. 1/1/68	KIN CONCE	1100-11-1-1	VIV



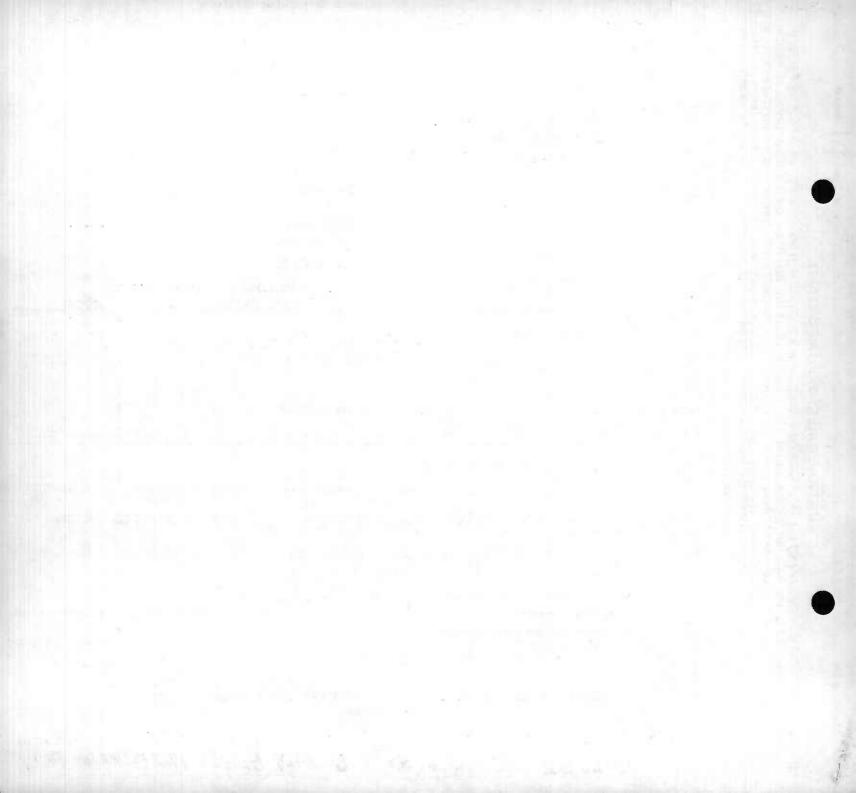
60		BALTIMORE CITY H	BEALTH DEPARTMENT V SEG NO. 69 6249
-60	DIDI	69 6249 CERTIFICAT	E OF DEATH REG. NO.
Such	1. N	NAME OF DECEASED	2 DATE AND HOUR OF DEATH
	(Тур	PO OF Print JOHN WOODLOOM CALAR)	6/15-/69 1 11 30 A.
	3. P	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	L USUAL RESIDENCE (Where deceased lived, If institution: tesidence before admission)
attendance ior to deat	FUL	1	Ma Perryville
to of	HO	OSPITAL OR ADDRESS OR LOCATION)	C. CIPLOR TOWN /// ID. INSIDE CITY LIMITS?
9		University Hospital	erryville. YES NO 1
		1000000	STREET AND NUMBER
de.	5. SI	SEX 6. RACE 7. MARRIED WALLED MARRIED 18.	Ashlawn Farm
in regular eceased p on is made		MIDOWED DIVORCED DIV	DATE OF SIRTH 9. AGE (In years last birthday) 11 Under 1 Yr. II Under 24 Hrs. Manths Days Hours Min.
	10A, done	A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11.	
de		Self-employed agent	Maryland 4.5.A
was the posit	13. F	FATHER'S NAME	MOTHER'S MATDEN NAME
h n t disp		Walter F. Calary	Clara Mark ley
# 0 -	15. V (Yes,	Was Deceased Ever in U. S. Armed Forces? s,na or unknown) (II yes, give war or dates of service) 16. SOCIAL SECURITY NO.	INFORMANT ADDRESS
de		1/0 217-05-7991 /	DUISE M COLARY PARMILL. Md.
700	П	18. CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
attende		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(6)
a E		(This does not mean the made of dylng, e.g., (A) IMMEDIATE CAUSE	Carcinoma (Phinory Site
prono lar at balm		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	to be defermend)
0 10 0		ANTECEDENT CAUSES	
¥ 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			CONSEQUENCE OF:
_ 0		rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	
he physician sician was in the remains	lŀ	11	
¥ E	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
cian he re	CAT	DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994-DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION	TAA
sic +	CERTIFIC	WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
physiore t	Ü	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or OR CONTRIBUTING CAUSE OF home, lorm, factory, street, affice	r obout 21C. WHERE DID (If In Baltimore City, give exact location)
900	S 11	OR CONTRIBUTING CAUSE OF home, lam, factory, street, affice DEATH (notify medical examined	Pldg" INJURA OCCUS
3 7	MEDIC	21D-TIME (Month) (Doy) (Yeorl (Hous) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
d	2	(APPROX.) While At Not While C	7
bto	2	22. I certify that (I) (this hospital) attended the deceased from	1969 10 6/15/1969
hospital (except o death); and (6 I must be obtaine		that (1) (we) last saw the deceased alive on 6 15	19.69 and that In(my) (our) opinion death accurred on the date
ospital (death); must be		and haur and from the causes stated above. (1) (We) (did) (did not) view	
deat	2	23A. SIGNATURE	23 B. DATE SIGNED
- + 7		Affendir DEGREE Phys.	ng Med. Staff D 6/15/69
or 1	2	23C. PHYSICIAN'S NAME (Type) 23D	ADDRESS
was D.O.A. at a h deceased prior to written approval		JOHN MAINA	University Hospilal, Ballo, MA
0 0 0	24A.	BURIAL CREMATION, 248. DATE 24C. NAME OF CEMETERY OF CREMA	ATOM City, town, or countyl (Stotel
Do tet	1	Durial 6/18/69 Arrestocielo 1	emeter Harrellovillo. Mrs
Vas	25A.	DATE REC'D BY HEALTH DEPT 258 NAME OF RECISTRAR AND COMPANY OF THE PROPERTY OF	25C/FUNERAL DIRECTOR ADDRESS
202	_	(1011 7 0 1202) Arrosso - Arrosso - Arrosso	Valle Miterson & milesrevelle f



	69 ME	625 DICAL	30	AMINER'S			DEAT	H REG. NO	69	6250		
BIRTH NO.								KEG. NO				
1. NAME OF DEC (Type or Print)	NAME OF DECEASED Type or Print) LETONIA JACKSON					Known Estimoted T	Month June	16.	1969	11:15 A,		
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						Month	Doy.	Yeor	Hour		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION						INCED DEAD	June	17,	1969	12:10 A		
O729 Reservoir Street						S. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE Maryland B. COUNTY 3-02						
6. SEX	7. RACE	8. MARE	RIED 🔀	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE C	CITY LIMITS?			
fema1e	negro	WIDOV	VED 🗌	DIVORCED	Bal:	imore		,	VES K	NO 🗆		
9. DATE OF BIRT	H 10. AGE lost blirth	(In years day)		or 1 Yr. If Under 24 Hrs. 1 Doys , Hours , Min.		ND NUMBER Reservoir	Stree	t				
11. BIRTHPLACE	State or foreign country		12. CIT	IZEN OF	13. FATHER'S NAME							
			Un	S , Q /	JAMES L. HILL							
	JPATION (Give kind of wo working life, even, if retige		OF BU	SINESS OR INDUSTR	15. MOTHE			- 11				
PuBLIC	WORKER	BERTHA BENSON										
	ED EVER IN U.S. ARM (If yes, give wor or dote			7. SOCIAL SECURITY NO.	18. INFORM	HA HIL	4729	8 BAI	ADDRESS RT/F	TT - AVE		
19.	C/			CAUSE OF DEA	TH	41 /11/4.	710	<i>/ ////</i>	A	PPROXIMATE INTERVAL		
3/1	18								BETY	WEEN ONSET AND DEA		
(This does r heart failure Injury or cor	LEADING TO DEATH not meen the mode of a, osthenio, etc. It meens mplication which coused NTECEDENT CAUSES	he diseose,			as a conseq	78			00 00 00 00 00 00 00 00 00 00 00 00 00			
RISE TO TH	OR CONDITIONS, IF A E ABOVE CAUSE (A) S NG CONDITION LAST	TATING THE		(B)(C)	AS A CONSEC	QUENCE OF:						
O THE DE	VIFICANT CONDITIONS ATH BUT NOT RELATED R CONDITION GIVEN IN	TO THE TERM	AINAL						**********			
20A. DATE O	F OPERATION 20B. C	ONDITION	FOR W	HICH OPERATION W	AS PERFORMED				21. AUTO	21. AUTOPSY? (Yes or No)		
O O									Yes			
UNDERLYING	NAL CAUSE WAS GOOD CONTRIB-		22B. PL	ACE OF INJURY (e.g., orm, foctory, street, offic	in or obout 2 e bldg., etc.)	2C. WHERE DID (NJURY OCCUR?	(If in Boltimor	e City, give e	xoct location)			
22D. TIME OF INJURY (APPROX.)		ear) (Hou	WH		WHILE	2F. HOW DID IN.	JURY OCCL	JR?				
23.			m. WO	AIV	VORK							
1 cert	tify that I held an	Inquiry [nspection Au	tapsy 🔣	and that an th	nis basis,	death In my	y apinian			
resul	ted fram: Natural c	auses 🛛	Acc	ident Suicio				ed manner				
ACTUAL	LIVA IVE	ha	n	1	ASSI	CHIEF MEDICAL E				DATE SIGNED		
EXAMIN NAME (EK'S Werne	r U.	pitz	, M.D.		CIATE MEDICAL E	XAMINER			6/17/69		
24A. BURIAL CRE REMOVAL (Spec	MATION, 24B. DATE	4 16	24C.	NAME of CEMETERY	ar CREMATO	24D:	LOCATION	(City, tov	wn, or county	(Stote)		
SURIA 25 A. DATE REC'D	BY HEALTH DEPT.	3 6 7 25B. N	NAME O	F REGISTRAR	AL 255 1	UNERAL DIRECTO	OR THE	MOF	ADDRESS	MA		
	JUN 23 19	39 Ro	Bert (E. Jaben, M.D	000	GROVEH	1701	MI	ERSO/	V PK. A		



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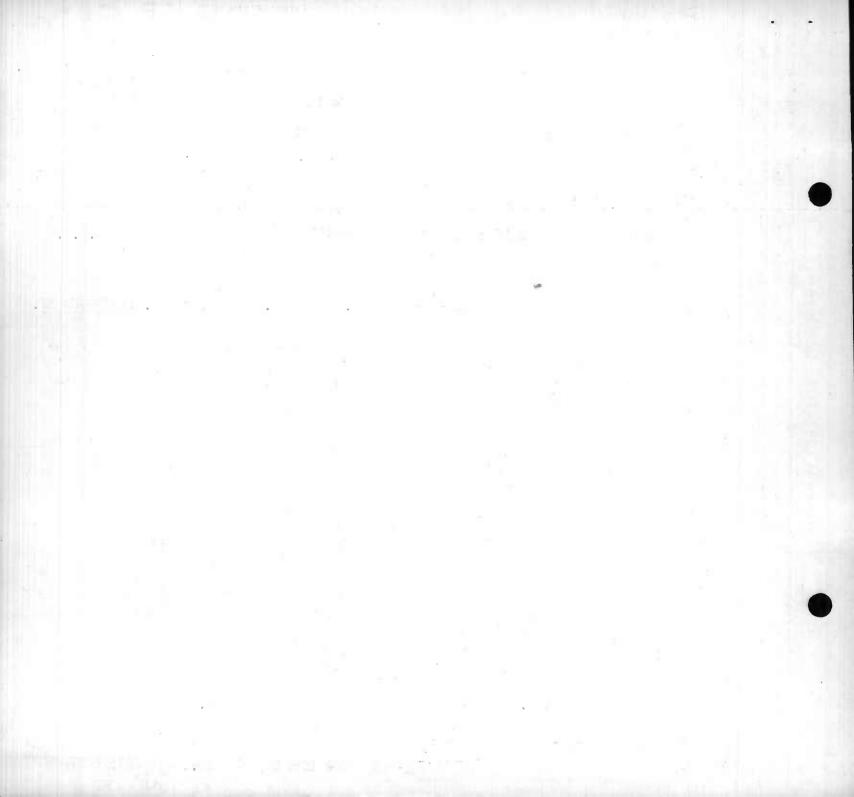


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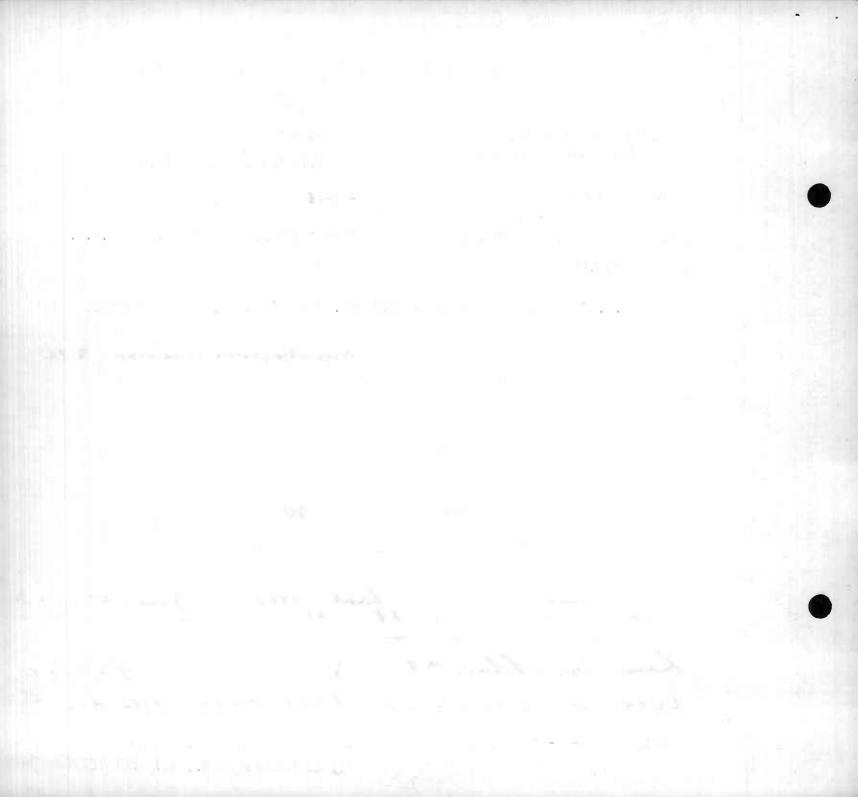
I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH	4-20	4		BALTIMORE CITY	Y HEALTH DEPARTMEN	T	69	6252
DEFASE OF CONDITION DIRECTLY LEADING OF DEFASED JUNE 17, 1969 9:30 P. JUNE 17, 1969 MARY LAND DESAS OF CONDITION OF IN-NOTIFIED OR IN-STITUTION, GIVE STREET AND DESAS OF CONDITION DIRECTLY LEADING TO DEFASED DESAS OF CONDITION DIRECTLY LEADING TO DEFASH THIS MAKE DISEASE OR CONDITION DIRECTLY LEADING TO DEFASH LEADING TO DEFASH THIS MAKE DISEASE OR CONDITION DIRECTLY LEADING TO DEFASH LEADING TO DEFASH THIS MAKE DISEASE OR CONDITION DIRECTLY LEADING TO DEFASH LEADING TO DEFASH THIS MAKE DISEASE OR CONDITIONS (I only, giving isso to the obove coarse I all soling the Underly Make and Construction of Contribution of Co	11 2	65	625	52 CERTIFICA	TE OF DEATH	H REG. NO		URUR
THE OF PRINT WORRES HVALT THACE IN SALTIMORE, MARTLAND, WHER PRONUNCED DRAD PROTEIN SOUTH AS A STATE OF THE PRONUNCED BRAD MORPHAL OR PROTEIN SOUTH AS A STATE OF THE PRONUNCED BRAD STATURA BRANCH AND PROTEIN SOUTH AS A STATE OF THE PRONUNCED BRAD STATURA BRANCH AND PROTEIN SOUTH AS A STATE OF THE PRONUNCED BRAD STATURA BRANCH AND PROTEIN SOUTH AS A STATE OF THE PRONUNCED BRAD STATURA BRANCH AND PROTEIN SOUTH AS A STATE OF THE PRONUNCED BRAD STATURA BRANCH AND PROTEIN SOUTH AS A STATE OF THE PRONUNCED BRAD STATURA BRANCH AND PROTEIN SOUTH AS A STATE OF THE PRONUNCED BRAD STATURA BRANCH AND PROTEIN SOUTH AS A STATE OF THE PRONUNCED BRAD BRAD BRAD BRAD BRAD BRAD BRAD BRA	BIRTH NO.	EACED		O DENTINO			и	
LILL NAME OF SULL	(Type or Print)		VATT				"	0.20 D
FULL NAME OF ADDRESS OR LOCATION, CIVE STREET AND NUMBER 2485 SHIRLEY AVENUE S. SEX RACE NAME NA	3. PLACE IN RALI			INCED DEAD	4. USUAL RESIDENCE	Where deceased lived, If	institution; resident	e before admission)
CONTORION DISSIST OF NOTES OR NOTES		(IF NOT IN HOSPIT	AL OR INSTITU		A. STATE B. C		15.	-12
S. SER MALE WHITE WINDOWED DIVORCED ON DATE OF BIRTH FOR USHING OF WARRIED ON USHAN OCCUPATIONIGINE wind of work indeed working like, were if reliefed to pure in the control of th	HOSPITAL OR	ADDRESS OR LOC	ATION)		C. CITY OR TOWN	D. 1N	ISIDE CITY LIMITS?	
SEX S. RACE NARRIED NEVER MARRIED S. DATE OF BIRTH D. DA	jewish C	Convelesant H	ome			ER	YES	NO 🗌
MALE (UHTTE) NUISMA OCCUPATIONI Give Working in work loss, kind of work loss, kind of working life, even if refused to working life, loss of the life in the property of the life in the loss of the life in the life in the loss of the life in the life in the loss of the life in moon the diseases, injury or complication which coused death. NO INFORMANT S. WORD Decessed for in U. S. Armed Forces? (Laboration of the life in the life in the loss of the life in the life	90			/	2485 SHIRL	EY AVENUE		
DAUS DECLUTATION (GIVE kind of work) DB, KIND OF BUSINESS OR INDUSTRY 11. BIRTHFLACE (State or foreign country) TAT LOR TAT LOR DAVID HYATT S. Wee Deceased Eye in U. S. Armol Forces? Tex., nor unknown (1) yes, give wor or dokes of service) NO 18. TO SEASE OR CONDITION DIRECTLY LEADING TO DEATH (Ithis does not mean the mode of dying, e.g., hoort foliure, ostherio, etc. It means the discose, injury or complication which coused doolin, and Industry or country in the obove course (A) stoling the UNDERLYING CONDITION (10). How of condition of the chore course (A) stoling the UNDERLYING CONDITION FOR WHICH OPERATION (10). A PRECEDENT CAUSE OF DEATH OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION (10). A PRECEDENT CAUSE OF DEATH OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION (10). A PRECEDENT CAUSE OF DEATH OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION (10). A PRECEDENT CAUSE OF DEATH OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION (10). A PRECEDENT CAUSE OF DEATH OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION (10). A PRECEDENT CAUSE OF DEATH OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION (10). A PRECEDENT CAUSE OF DEATH OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION (10). A PRECEDENT CAUSE OF DEATH OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION (10). A PRECEDENT CAUSE OF DEATH OTHER SIGNIFICANT						lost birthdoy	If Under 1 Ys. Months: Doys	If Under 24 Hrs. Hours Min.
TATLOR G. FATHER'S NAME DAVID HYATT S. Was Desceased Even in U. S. Armad Forces? Tenne or unknown! (If yes, give we'd of doles of service) NO 16. SOCIAL SICURITY NO. 716-01-7879 MR. ALBERT HYATT, 4610 HAWKSBURY ROAD NO 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., hoof follow, on-sherion, etc.) in means the disease, injury or complication which caused death.] ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stelling the UNDERLYING CONDITION lest. OTHER SIGNIFICANT CONDITION S. ON TRIBUTING TO THE FEMANIAL DISEASE OR CONDITION lest. OTHER SIGNIFICANT CONDITION S. ON TRIBUTING TO THE FEMANIAL DISEASE OR CONDITION lest. OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE FEMANIAL DISEASE OR CONDITION lest. OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE FEMANIAL DISEASE OR CONDITION lest. OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE FEMANIAL DISEASE OR CONDITION lest. OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE FEMANIAL DISEASE OR CONDITION lest. OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE FEMANIAL DISEASE OR CONDITION lest. OTHER SIGNIFICANT CONDITION COND	DA. USUAL OCCU	JPATION (Give kind of wor	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN O	F WHAT COUNTRY
3. FATHER'S NAME DAVID HYATT 5. Web Deceased Eve in U. S. Armed Forest? 10. SOCIAL SECURITY NO. NO. 216-01-7879 MR. ALBERT HYATT, 4610 HAWKSBURY ROAD 216-01-7879 MR. ALBERT HYATT, 4610 HAWKSBURY ROAD APPROXIMATE INTERVAL APPROXIMAT			CLOTHIN	NG INDUSTRY	RUSS11		u.s.	Α.
S. West Deceased Even in U. S. Armed Forest Tetano drumnown) If yes, give wor or dotes of service) NO 16. SOCIAL SECURITY NO. 216-01-7879 MR. ALBERT HYATT, 4610 HAWKSBURY ROAD APPROXIMATE INTERVAL SECURITY NO. 216-01-7879 MR. ALBERT HYATT, 4610 HAWKSBURY ROAD APPROXIMATE INTERVAL SECURITY NO. 216-01-7879 MR. ALBERT HYATT, 4610 HAWKSBURY ROAD APPROXIMATE INTERVAL SECURITY NO. 216-01-7879 MR. ALBERT HYATT, 4610 HAWKSBURY ROAD APPROXIMATE INTERVAL SECURITY NO. 216-01-7879 MR. ALBERT HYATT, 4610 HAWKSBURY ROAD APPROXIMATE INTERVAL SECURITY NO. 216-01-7879 MR. ALBERT HYATT, 4610 HAWKSBURY ROAD APPROXIMATE INTERVAL SECURITY NO. 216-01-7879 MR. ALBERT HYATT, 4610 HAWKSBURY ROAD APPROXIMATE INTERVAL SECURITY NO. 216-01-7879 MR. ALBERT HYATT, 4610 HAWKSBURY ROAD APPROXIMATE INTERVAL SECURITY NO. 216-01-7879 MR. ALBERT HYATT, 4610 HAWKSBURY ROAD APPROXIMATE INTERVAL SECURITY NO. 216-01-7879 MR. ALBERT HYATT, 4610 HAWKSBURY ROAD APPROXIMATE INTERVAL SECURITY NO. 217-01-7879 MR. ALBERT HYATT, 4610 HAWKSBURY ROAD APPROXIMATE INTERVAL SECURITY NO. 218-01-7879 MR. ALBERT HYATT, 4610 HAWKSBURY ROAD APPROXIMATE INTERVAL SECURITY NO. 219-01-7879 MR. ALBERT HYATT, 4610 HAWKSBURY ROAD APPROXIMATE INTERVAL SECURITY NO. 210-10-10-10-10-10-10-10-10-10-10-10-10-1	3. FATHER'S NAM	ME	10201111			NAME		
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DEATH (notify medical examiner) DEATH (notify medical examiner) DEATH	ERT 2 5/2	-1/69	gus	Lad I when	140			
DEATH (notify medical examines) Color Col	. OR CONTRIBL	NT WAS UNDERLYING	21 B	PLACE OF INJURY (e.g., ne, form, foctory, street,	in or obout 21 C. WHERE DI office bldg., INJURY OCCU	ID (If In Boltin R?	nore City, give exoc	it locotion)
While At Work Work			etc.)			Strange,	
While At Work Not While At Work	21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E.	INJURY OCCURRED	21F. HOW DIE	INJURY OCCUR?		
22. I certify that (I) (this hospital) ottended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	S OF HAJOKI							
that (I) (we) last saw the deceased alive on		1 (1) (1) 1				30/.60 . /	117	10/9
23A. SIGNATURE Attending Med. Director Shoff Director Di				he deceased fram	19.62 an		pinian death oc	
Attending Phys. Attending Phys. Attending Phys. Attending Phys. Attending Phys. BURIAL Attending Phys. BURIAL Attending Phys. Burial Cremation, Park Heights Ave. CHIZUK AMUNO (ARLINGTON) Attending Phys. Burial Cremation 6/18/69 BALTIMORE, MARY LAND Attending Phys. Burial Cremation 6/18/69 BALTIMORE, MARY LAND	ond hour one	d from the causes sta	ted obove. (I	1) (We) (did) (did not)	view the body ofter de	oth.		
23C. PHYSICIAN'S NAME (Type) A. A. Silver M. D. 6210 Park Heights Ave. 24A. BURIAL CREMATION, REMOVAL (Specify) BURIAL 6-19-69 CHIZUK AMUNO (ARLINGTON) BURIAL (Specify) BURIAL (Specify) BURIAL (Specify) CHIZUK AMUNO (ARLINGTON) BURIAL (Specify) BALTIMORE, MARY LAND	23A. SIGNATU	IRE SA			,		1	,
23C. PHYSICIAN'S NAME (Type) A. A. Silver M. D. DEGREE 24D. DEGREE 24D. LOCATION (City, town, or county) BURIAL 6-19-69 CHIZUK AMUNO (ARLINGTON) BALTIMORE, MARY LAND	1.1:	lm	The	Dh.		Staff Phys.	6/18/6	19
A. A. Silver M. D. DEGREE 6210 Park Heights Ave. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY BURIAL 6-19-69 CHIZUK AMUNO (ARLINGTON) BALTIMORE, MARY LAND				DEGREE				
PAA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) BURIAL 6-19-69 CHIZUK AMUNO (ARLINGTON) BALTIMORE, MARYLAND	NAME (T	A. A. Si	lver M	1. D.	6210 Park	Heights Ave.		
BURIAL 6-19-69 CHIZUK AMUNO (ARLINGTON) BALTIMORE, MARYLAND	AA. BURIAL COF			DEGREE	<u> </u>		(City, town, or cou	nty) (Stote)
DUKIAL DITTO	REMOVAL (S	Specify)						(41016)
256. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR 250. FUNERAL DIECTOR CONTROL AND DETCTED TOWN ROLL								DDBECC
JUN 23 1969 Junden E. June M. Ser LEVINDUNG BRUS., 8010 KEISTERSTOWN	25A. DATE REC'D	JUN 2 3 1960	25B NAME O	E Jabe MA	SOL LEVINS	ON & BROS., 60	110 REISTÉ	RSTOWN ROA

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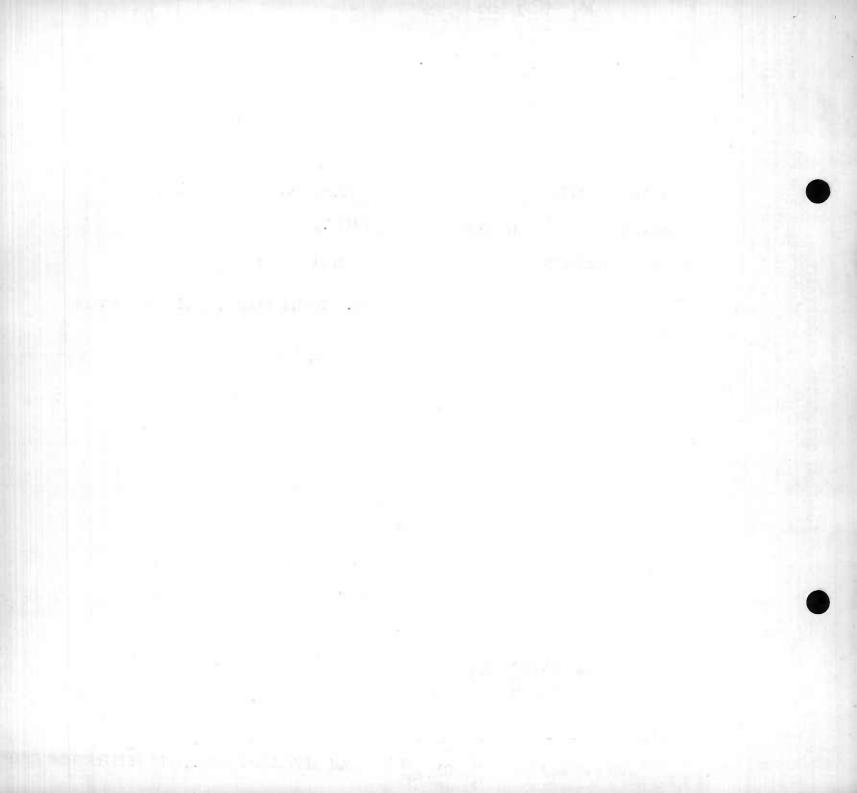
4-36 -	68	9 625	1.3			6. NO.	9 6253
IRTH NO.	SED					F DEATH	
Type or Print)		HICHANICK	/		TUNE 18 19	69	11 A.M
PLACE IN BALTI				4. USUAL RESIDEN	NCE (Where deceased 8. COUNTY	lived. If institutio	
ULL NAME OF	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITU	UTION, GIVE STREET	MARY LAN	D	D. INSIDE CIT	5-38 Y LIMITS?
	JIFW AVENUE					YES	NO D
00	700 70000					ИE	
MALE	WHITE	WIDOWED	DIVORCED _		lost birthday	Mon	ths Doys Hours Min.
		rk 108. KIND OF	8USINESS OR INDUSTRY	11. SIRTHPLACE (St	ote or foreign country)	12, 0	CITIZEN OF WHAT COUNTRY
REAL EST	ATE	SELF E	MPLOYED	RUSSIA			U.S.A.
3. FATHER'S NAM	E						
	ver in U. S. Armed Fo	uces?	1 6. SOCIAL				ADDRESS
(es, no or unknown)	If yes, give wor or dal	les of service)	SECURITY NO.		1 050050	000 T	
					J. GERBER,	220 E. I	
DISEASES OF rise to the UNDERLYING	Ilication which caused NTECEDENT CAUSE CONDITIONS, if above cause (A) CONDITION lost,	d deoth.) S any, giving stoting the	(8)	Cardiai Fa	elein		1 da
A DISEASE OR CO	DERATION 198. CO	RT 1 (A).	WHICH OPERATION	20 A. AUTOPSY?	(Yes or No) 20B, IF Y	ES, WERE FINDIN	NGS CONSIDERED
19A. DATE OF			NACE OF MILITARY				
OR CONTRIBUT	ING CAUSE OF	hom	ne, form, foctory, street, of	fice bidg. INJURY O	CCUR?	in Boltimore City,	give exact location
W OF INITIES	Month) (Doy) (Yeor) (Hour) 21 E	INJURY OCCURRED	21F. HOW	DID INJURY OCCU	R?	
(APPROX.)					40	0.00	
22. I certify t	hot (1) (this hospite	ol) ottended t	he deceased from	1110	19 9 1	0 6/1	1964
					C	(our) opinion	deoth occurred on the dot
		oted obove. (i) (#e) (did) (did not) v	lew the body offe	r deoin.	23 B.	DATE SIGNED
4	0. 4	a. A. W					61,911.0
TAKE TO BEEASTO OF PRINCIPAL OR PETRUSHANSKY PRACE IN BALTMORE MARILAND, WHERE PROHOUNCED DEAD LL NAME OF ADDRESS OR LOCADION STRICT OF NOTIN HOSBITAL OR INSTITUTION, GIVE STREET MARYLAND LL NAME OF ADDRESS OR LOCADION OF STREET WIDOWED DIVINERS OR INDUSTRY SEE SEE SEACE WHITE WIDOWED DIVINERS OR INDUSTRY DIVINERS OR INDUSTRY SELF EMPLOYED LISTAN OCCUPATION for shid of warkfloor filled by the decision of the d	-1.1107						
NAME (Typ		G LAUK	ATTTC	679 MACHT	NGTON RIVE		
4A. BURIAL CREM	ATION, 248. DATE		4.0.00			(City, tov	vn, or county) (State)
		9 SHA	AREI TFILOH			, MARYLA	
				2SC. FUNERAL	DIPECTOR		ADDRESS
	111M 2 2.10F	all marke	st awer May	SOLE LLVI	בטונע ש דוטכיו	.,,00,0	

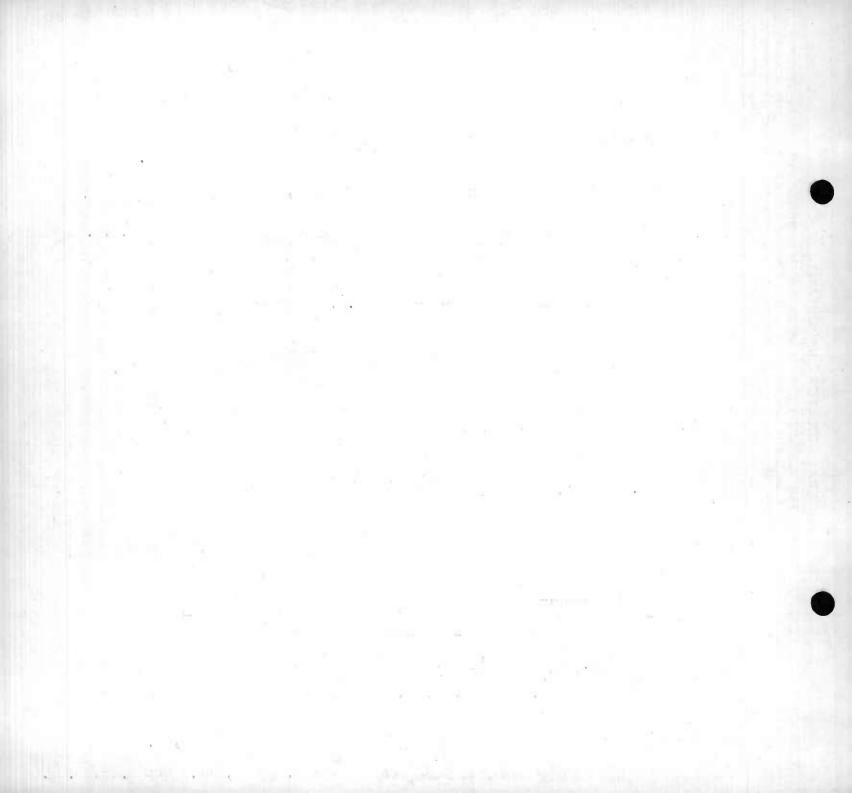


7	69 6	254 BALTIMORE CITY	Y HEALTH DEPARTMENT		60 6954
	9017	CERTIFICA	TE OF DEATH	REG. NO.	69 6254
	H NO.		2 DATE A	ND HOUR OF DEATH	1
	or Print)	NANSICH		120169	C 45
3. P	ACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD		ere deceosod lived. If	institution: residence before admission)
HO	L NAME OF (IF NOT IN HOSPITAL OR INS	STITUTION, GIVE STREET	MARY LAND	D. IN	SIDE CITY LIMITS?
	PLEASANT MANO		BALTIMORE E. STREET AND NUMBER		YES NO
0	10 NURSING HON	6		AVENUE #21	215
5. \$1	MALE WHITE WIDOW	ED NEVER MARRIED DIVORCED	B. DATE OF BIRTH	9. AGE (In years last birthday)	Months Doys Hours Min.
10A.	USUAL OCCUPATION (Give kind of work 108, KIND		8-25-1896	eign country)	12. CITIZEN OF WHAT COUNTRY?
done	during most of working life, even if retired)				
13. F	SALESMAN RE	TAIL	PHILADELPHIA, 14. MOTHER'S MAIDEN NA	PENNSY LVAN	IA U.S.A.
	ISAAC DANSICKER		MARY	9	
15. V	os Deceosed Ever in U. S. Armed Forces? no or unknown) (If yes, give wor or dotes of service)	16. SOCIAL	17. INFORMANT	•	ADDRESS
			UPC TOL DANCE	CVED ETTE	VEV AUELUIE #0101E
	YES W.W. I MARINES	CAUSE OF DEAT		CRER, 3713	KEY AVENUE #21215
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	(This does not meen the mode of dying, e	(A) IMMEDIATE CA	A CONSEQUENCE OF:	me cons	4 7 AS
	heart failure, asthenia, etc. It means the disea injury or complication which coused death.)	se,	A CONSEQUENCE OF.		
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F	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	AL			
O.	9A. DATE OF OPERATION 19B. CONDITION FO	OR WHICH OPERATION	20A. AUTOPSY? (Yes or N	io) 208. IF YES, WERE	FINDINGS CONSIDERED
CERTIFIC	WAS PERFORMED		10	IN CERTIFYING CA	AUSES OF DEATH?
-4	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)	in or obout 21 C. WHERE DID office bidg., INJURY OCCUR?	(If in Boltimo	ore City, give exact location)
EDIC	PID. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F, HOW DID IN	JURY OCCUR?	
5	OF INJURY	While At Not Whi	le 🖂		
	A PPROX.)	Work L At Work	1		
	2. I certify that (I) (t his hoopi tal) attende		ent. 1967		cuch 20 19 5 9.
1	hat (1) (we) last saw the deceased alive a	in June 78	19 68 and t	hot In (my) (our) as	Inion death occurred on the date
	and have and from the causes stated above	. (I) (We) (did) (did-not)	view the bady after death.		
-	3A. SIGNATURE				23B, DATE SIGNED
	her i for	Le MA Att	ending Med. Director	Staff Phys.	6/20/69
1	3C. PHYSICIAN'S	DEGREE PHY	23D. ADDRESS	rnys. —	1 0/20/87
	LEON G. SH	E = 0 4= 4	67151	1 A Rt	Hoto Auri
24A.	73.0	NAME OF CEMETERY OF CR		LOCATION (City, town, or county) (State)
	BURIAL 6-20-69 (RLINGTON) BA	ALTIMORE, MA	RYLAND
25A.	DATE REC'D BY HEALTH DEPT. 258, NAM	E OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
	JUN 23 1969 068	BE. Jaben M.D.	SOL LEVINSON	B DKUS., 60	110 REISTERSTOWN ROAT
1/6 1	50- PEV 1/1/68		4		

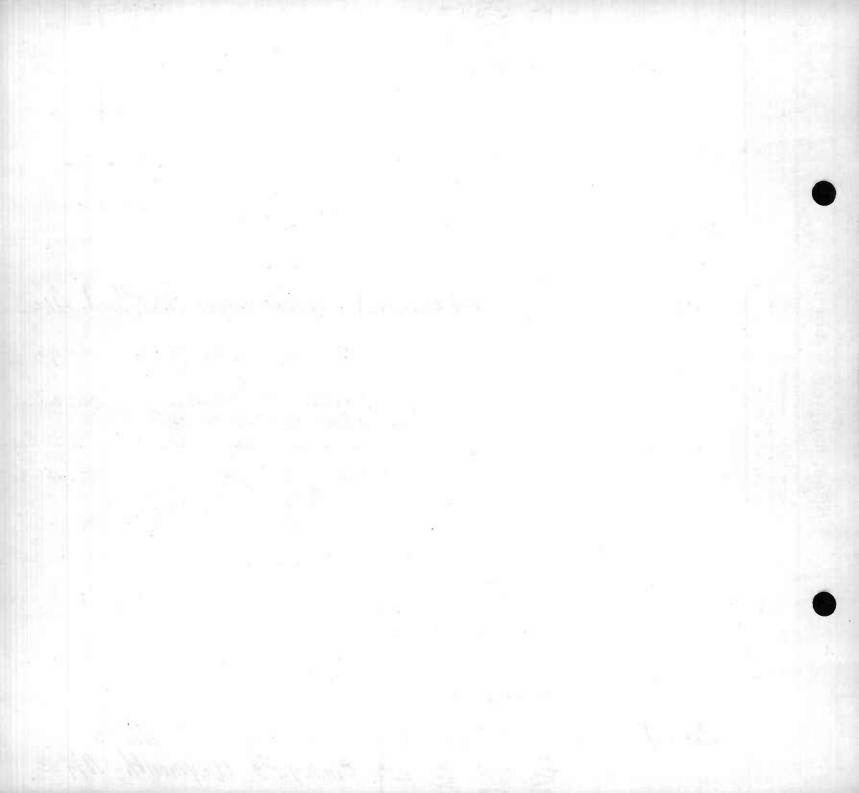


1-43.	TY HEALTH DEPARTMENT
1 420 69 6255 CERTIFICA	ATE OF DEATH REG. NO. 69 6255
I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print) TILLES, ANNA R.	6=18-69 3.50 P.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where decosed lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Md. Bahd co 53-00 c. CITY OR TOWN D. INSIDE CITY LIMITS?
LUTHERAN	3ALTO YES NO
OHOSPITAL OF Nd.	E. STREET AND NUMBER 2722 SMITH AVE
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
FEMALE WHITE WIDOWED DIVORCED	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	
HOUSEWIFE AT HOME	BALTO., Md U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ABRAHAM ROTHENBERG	LENA ?
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
NO	MR. MICHAEL TILLES, 2722 SMITH AVENUE
1B. / / A CAUSE OF DEA	
DISEASE OR CONDITION DIRECTLY	001-7
LEADING TO DEATH (This does not mean the made of dying, e.g., DUFTO OR A	AUSE ACVTE MYOCARDIAL S A CONSEQUENCE OF:
neun iditore, distretito, etc. il medits ine disease,	S A CONSEQUENCE OF:
injury ar camplication which coused death.)	
ANTECEDENT CAUSES (B)	INFARCTION 12 HRS.
DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	AS A CONSEQUENCE OF:
UNDERLYING CONDITION last. (C)	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes o No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 218. PLACE OF INJURY (e.g., home, form, factory, street, etc.)	, in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?
(A PPROX.) While At Not Whork At Work	
22. I certify that (1) (this haspital) attended the deceosed from	6-7-69 19 10 6-18 1965,
that (N (we) lost saw the deceased alive on 6 - 18	19.6.9 ond that in(my) (oor) apinion death occurred an the date
ond hour and from the causes stated above. (1) (We) (did) (did not)	
23A. SIGNATURE	23B. DATE SIGNED
GEGREE PH	thending Med. Staff Phys. Staff Phys. 6-18-69
23C. PHYSICIAN'S NAME (Tupp)	23D. ADDRESS
JORGE E. GARCIA DEGRE 24A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY OF CE	ELVTHERAN HOSPITAL OF ME.
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of C	REMAIURI (City, town, or county) (Stote)
BURIAL 6-20-69 XX AITZ CHAIM	BALTIMORE, MARYLAND
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD
JUN 60 1903 June of 4 1900	AND DEVILOURS STORY



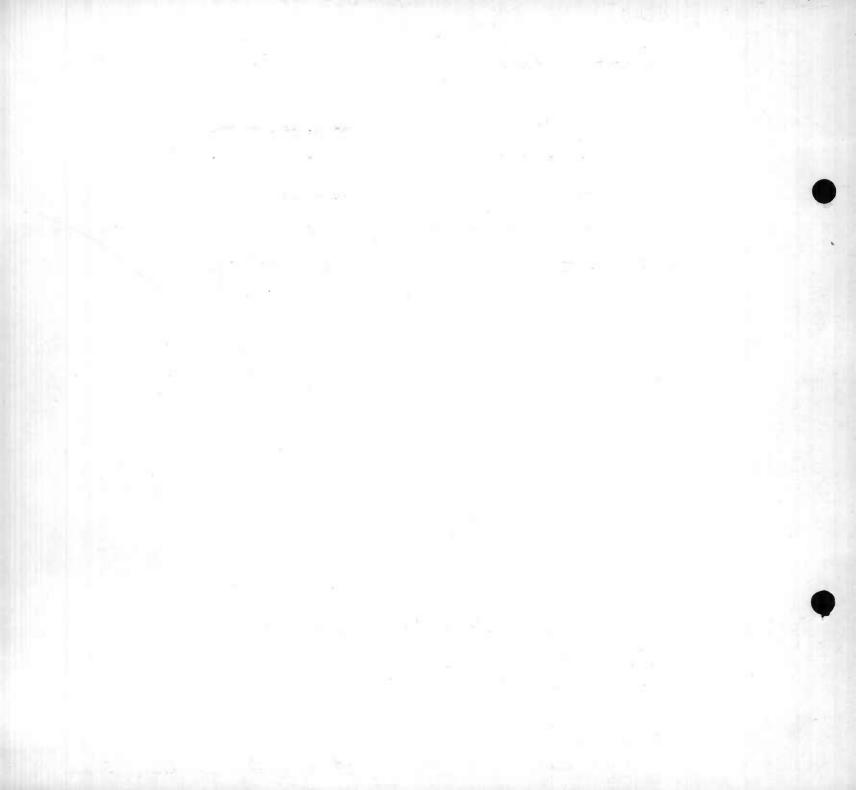


	CO 6	3257 CEDITIEICA	HEALTH DEPARTMENT	1/	69 6257
3		GERTIFICA	TE OF DEATH	REG. NO.	00 0401
1. N	AME OF DECEASED		2. DATE ANI	D HOUR OF DEATH	1.0
(Тур	e or Print) me Donnigal	Armes	t. 6-	18-69	(ot, M
3. P	LACE IN BALTIMORE, MARYLAND, WHERE TO	NOUNCED DEAD		deceased lived. If Ins	titution: residence before admission)
FILL	1 NAME OF UE NOT IN HOSPITAL OR IN	STITUTION GIVE STREET	ml. 1	alt co	52-00
HO	SPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSIC	DE CITY LIMITS?
1		d:	DAlto.	0	YES NO X
1	Dox/ Somme	11.11	E. STREET AND NUMBER	DII,	1
	A 10 SECONO SE	JOSPITA	17/20	oland Ti	
5. S	6. RACE W 7. MARR	IED NEVER MARRIED			Months Doys Hours Min.
			2-11-04	63	
		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lorein	gn country)	12. CITIZEN OF WHAT COUNTRY
Le	bap		Oco/tano	/.	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	
	Jamas		10mo	4.	
15. \	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17- INFORMANT		ADDRESS
(Yes	1/	SECURITY NO.	D. H. Maria	ween 171	2 Reput Aca
		CAUSE OF DEAT	VIOROTHY MCCOM	3N1994 1110	APPROXIMATE INTERVAL
	16001	CAUC OF DEAL			BETWEEN ONSET AND DEATH
	LEADING TO DEATH	A NAMEDIATE CAL	se Broughouse	umadia R	11. April
		e.g., DUE TO, OR AS		in and the second	Last Last of the contract of t
	injury or complication which coused death.)	ase,		*	
	ANTECEDENT CAUSES	Brown	elipapuia CAR	CLICOMA	mouth
	DISEASES OR CONDITIONS, if ony, give	ving DUE TO, OR AS	A CONSEQUENCE OF	Onesic VIII	A - FIRE DESCRIPTION OF
			eoccer cove	2 wall	
		(C)			
z		NG A	1 Oan		7
ATIC	TO THE DEATH BUT NOT RELATED TO THE TERMIN		monia of sail	ymy	3 yrs
FIC	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOFSY? (Yes or No	20B. IF YES, WERE F	INDINGS CONSIDERED
ERTI	2		Yes	Ye	es
C	OR CONTRIBUTING CAUSE OF	home, form, foctory, street, o	Ifice bldg., INJURY OCCUR?	(If in Boltimore	e City, give exact location)
CAL	DEATH (notify medical examiner)	etc.)			
EDI		21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
2	(APPROX.)				
	22 I corried that (M'(this hasnital) attend	1		19 69 ta	6/18 19 69
					- /
				יות און און (מטוי) מאני	nun deam geedned un me dan
		e. J/) (We) (did) (did not)	view the bady after death.		23.R. DATE SIGNED
	234. SIGNATURE	Kanati AH	ending Med.	Staff [, ,
BRITINO TRANK OF OTREASED TRANK OF OTREASED TRANK OF DISCRESSED TO A PAGE IN HOSTIAL OR INSTITUTION, CIVE STREET TO A COUNTY HOSTIAL OR INSTITUTION COUNTY HOSTIAL OR INSTITUT	6/17/67				
	Mosnital				
		DEGREE	DON		10spilat
244	REMOVAL (Specily) 248. DATE 24	C. NAME OF CEMETERY OF CR	EMATORY 24D. L	OCATION	ty, town or county) (Stote)
1	SURIA 6/22/69 1	/1/1Age/ (TREE	N Cem Up	umouth -	111155
25/	DATE REC'D BY HEALTH DEPT. 125B. NA			1 11	ADDRESS
	JUN 23 1969	wo E. Varber M.D	CLANCY FH	Weymo	UM- 11/A33
1	150-REV. 1/1/6B		1 1 1 1		



VS 150-REV. 1/1/68





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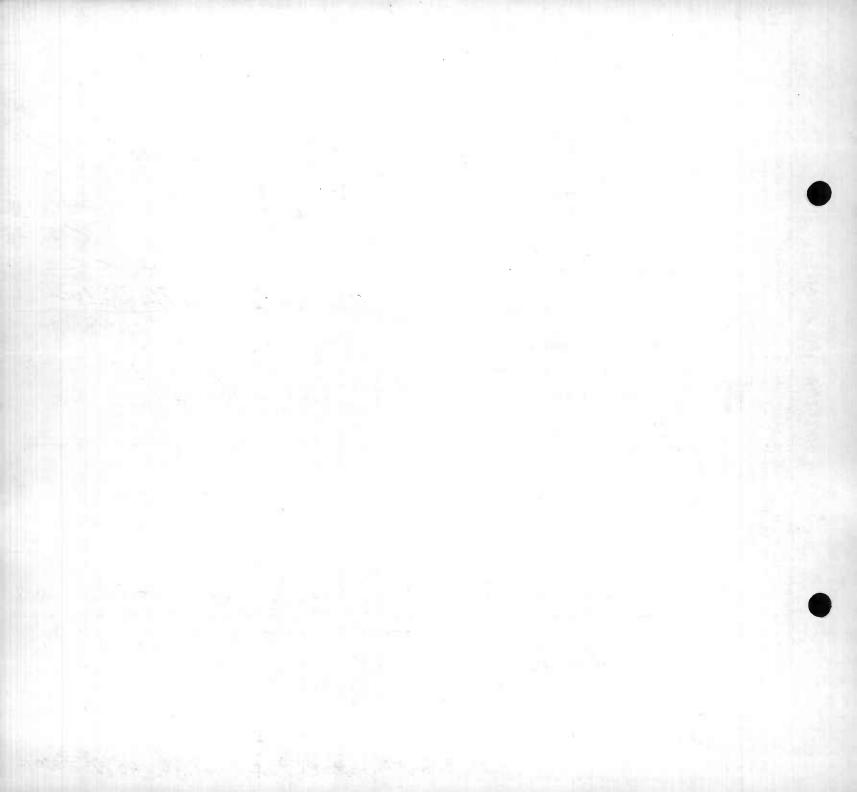
09 6260 BALTIMORE CITY HE	ALTH DEPARTMENT
MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO. 69 6260
BIRTH NO.	REG, NO.
1. NAME OF DECEASED	2. DATE Known X Month Doy Year Hour
(Type or Print) RICHARD MERSON	OF DEATH Estimoted June 19, 1969 1:30 A.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	June 19, 1969 1:30 A.
113	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY
Sinai Hospital	Maryland / 3 - 4 X
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED DIVORCED	Baltimore YES X NO
9. DATE OF BIRTH 10. AGE (In years # Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER
Months, Doys, Hours, Min.	
Feb. 4, 1922 ** 47	1502 Cox Street
11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF	13. FATHER'S NAME
Md. WHAT COUNTRY?	Richard F. Merson
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME
Mechanic Schenuit Tire Co.	Florence Baker
Mechanic Schenult Tire Co. 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	
NO ?	Stuart R. Merson-3552 Poole St.
19. E 8/2, CI CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY	
	AUSE Multiple blunt injuries
(A)IMMEDIATE C	AS A CONSEQUENCE OF:
heort foilure, osthenio, etc. It meons the diseose, injury or complication which coused death.)	S A CONSEQUENCE OF
injury of complication which coused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
Z CHOEKETING CONDITION (ASI.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20Å. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAY	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No)
0	No
₹ 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g.,	
O LINDERLYING TOP CONTRIB	in or obout 22C. WHERE DID (If in Boltimore City, give exoct location) Baltimo
UTING ☐ CAUSE OF DEATH. street	Butler Road near Hanover Rd., County
OF INJURY (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
(APPROX.) 6-15-69 1:20 A. m. WHILE AT WORK NOT AT W	WHILE NO Driver in auto-auto collision
23.	OKK LI
I certify that I held on Inquiry Inspection X Au	tonsy and that on this basis death in my oninion
resulted from: Notural couses Accident _X Suicident	
010(10)	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE CHANGE M.D.	ASSISTANT MEDICAL EXAMINER
	ASSOCIATE MEDICAL EXAMINER TURO 19 1969
NAME (Type) Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER June 19, 1969
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify)	
Burial 6/23/69 Poplar Grov	e Cemetery Balto. Co. Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
JUN 23 1969 Tober E Jamber Ac	Ann Donovan - 3818 Roland Ave.
المرابع اعلى المحمدة حرياهم المحددة	0 6 2 5

VS 151-REV. 1/1/6B

grand . The service of the service o The state of the s

K	7-195	BIRTH NO. 69-104849 6261 CERTIFICATE OF DEATH
	death death eased n the Such	1. NAME OF DECEASED (Type or Print) PROCE Baby Boy 2. DATE AND HOUR OF DEATH (Type or Print) PROCE BABY 3. P. M.
	spital of di) Dece ice on	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 14. USUAL RESIDENCE (Whole deceosed lived. If institution: residence before odmission) A. STAJE B. COUNTY
	a hos cause se; (5) endant	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION D. INSIDE CITY LIMITS? YES
	ting of caused c	42 Of Balt C. E. STREET AND NUMBER Keswich Rd
	occurre ontribut erminec regular eased p	5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 6. RACE WIDOWED DIVORCED DIVORCED 6/12/69 Set birthdoy) 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Doys Hours Min.
	or con ndeter s in re decea	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired)
	if derect o (4) Un was the csposit	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Reese & Bonnie Reese
ANT	ind; (eath	15. Was Deceased Ever in U. S. Armed Forces? (Yes no or unknown) (III yes, give wor or dotes of service) CALISE OF DEATH APPROXIMATE INTERVAL APPROXIMATE INTERVAL
PORT	is assign, if the any keed dudance ndance	BETWEEN ONSET AND DEATH
¥	Also re of noun atte	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF:
CTOR:	fractu o pro gular emba	heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (2)
RECT	examesam (3) A (n wh in ree	DISEASES OR CONDITIONS, if ony, giving ise to the obove cause (A) stating the UNDERLYING CONDITION lost.
101	edical dical urns; ysicia was was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
NERA	chief med y a med Body bu the phy ysician e the rer	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION WAS PERFORMED 2004. AUTOPSY? (Yes or No.) 1905. AUTOPSY? (Yes or No.) 1096. THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 2004. AUTOPSY? (Yes or No.) 1096. THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 2005. AUTOPSY? (Yes or No.) 1096. THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 2006. AUTOPSY? (Yes or No.) 1096. DATE OF OPERATION WAS PERFORMED
FU	the chi al by a (2) Bo ere the o physi	21A. A CCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? Contributing Cause of home, form, foctory, street, office bldg., INJURY OCCUR?
	ed by nospite ature; pt wh (6) N	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While AI Not While
	the the tany n (exce	22. I certify that (+) (this haspital) attended the deceased from 1 0 17 19 69
	leased to ident of hospital o death)	that (1) (we) last sow the deceased alive on
	ele ccic	Joseph A. Richman M. Attending Med. Staff 19/69 Director Phys. 19 6/19/69
	ertificate ody was r s: (1) An a 0.0.A. at a sed prior	MANJOSEPH HIRICHMANDED. SINCE HOSPITAL
	od) S: (D.O ase	Bureal 6/20/69 Jeon 24C, NAME of CEMETERY of CREMATORY 24D. LOCATION (Sity, town, or courfly) (Stote)
	he b how how vas lece	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR. 25C. TUNERAL DIRECTOR ADDRESS

BALTIMORE CITY HEALTH DEPARTMENT



VS 150-REV. 1/1/68



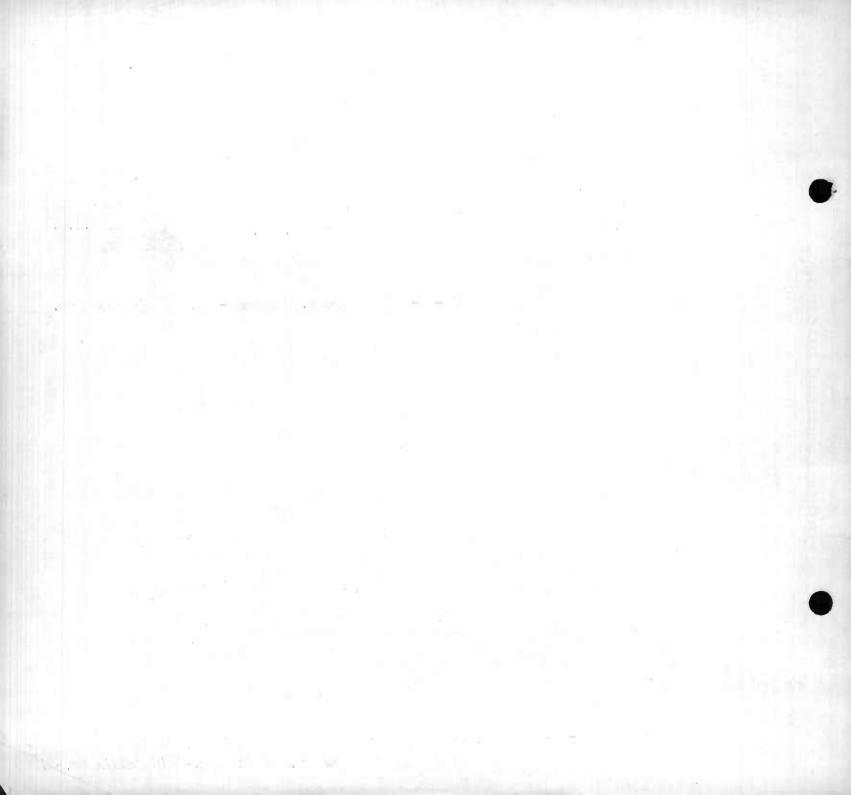
69 6263 BALTIMORE CITY HEALTH DEPARTMENT

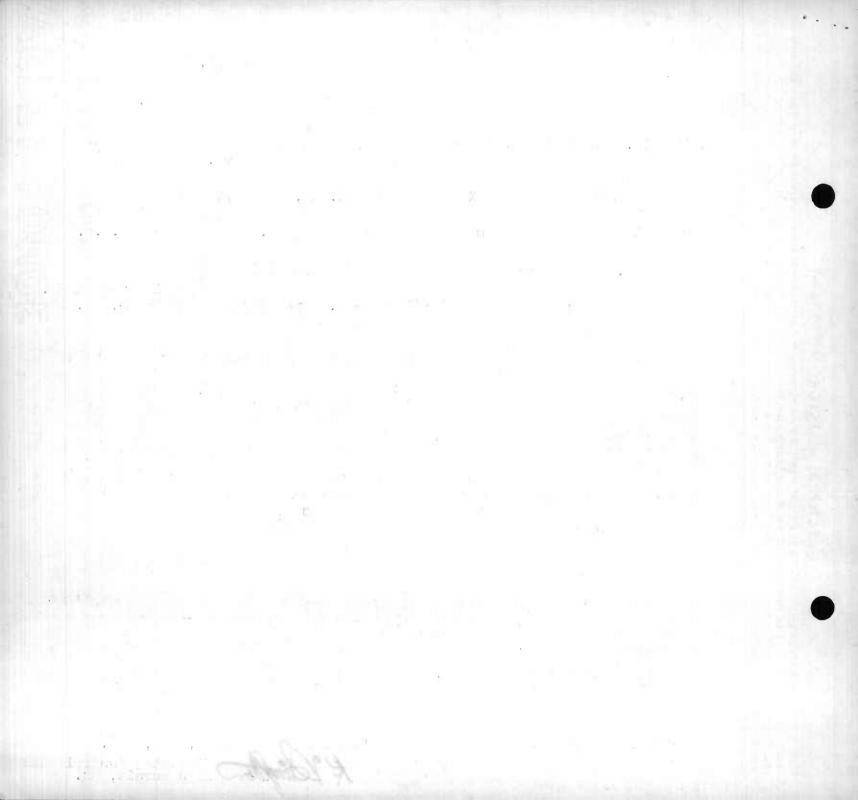
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

F DEATH	626	3
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BIRTH NO.		77120	. 4, 12		12.1		0, 112 01	D L/ (11	REG. NO.	_		
1. NAME OF DEC	EASED					2. DATE	Known 🔲	Month	Doy	Yeor	Hour	
(Type or Print)	TNT	E.		HAMAY		OF	Estimoted 🔀					
JOH 4. PLACE IN BAL		RYLAND. W	HERE PR		DEAD	3. DATE	77	Month	Doy	Yeor	Hour	<u>M.</u>
FULL NAME OF				ITUTION, GIVE			UNCED DEAD					0 1
HOSPITAL OR INSTITUTION	ADDRES	SS OR LOCA	TION)					June	. ,	1969		O A M
OK INSTITUTION						5. USUAL R	ESIDENCE (Whe		ed. If institution B. COUNTY	residence	before odmi	ission)
Unive	ersity 1	Hospit	al	(DOA)		A. STATE Mar	yland		s. COUIVIT	11	-0	1
6. SEX	7. RACE		B. MARR	IED NEVE	P MAPPIED	C. CITY OF			D. INSIDE CI	Y LIMITS?		_
male	whit	to			_	n Ra	ltimore					
9. DATE OF BIRTI		10. AGE (In	WIDOW		If Under 24 Hrs	-11	AND NUMBER		YE	s X	ио Ц	
, DATE OF BIRT	. ,	lost birthdo		Months Doys	Hours Min	. E. SIKEEL	AIAD IAOMIDEK		2	,		_
9/2//19	14	54				5:	23 Scott	Street	Dale	, he	e 2	1230
M. BIRTHPLACE (S	tote or foreign	a country)		12. CITIZEN		13. FATHER	SNAME					
(Y)	ala	in	777	WHATCO	C ZI		uhun					
14A.USUAL OCCU			14B. KIND	OF BUSINES	S OR INDUST	RY 15. MOTHE	R'S MAIDEN NA	ME				
done during most of w				00 -	, ,)				
More - Dry	fromm	into	Del		laged		acaline.	nn			1	
16. WAS DECEAS (Yes, no or unknown)	ED EVER IN L (If yes, give w	J.S. ARMED or or dotes	of service	7 17. SØ	CIAL OURITY NO.	18. INFOR	MANT	21	A	DRESS (Sath	Lack
-yes	W	W.T	T.	200-0	and with the	7 Mm	Tenora.	Hams	2 523	Son	tt Jy	1.
19.	1	-		(AUSE OF DE	ATH		6	1	Al	PPROXIMATE II	NTERVAL
4/0	15									BETV	VEEN ONSET	AND DEATH
	E OR CONDI		CTLY		Arterio	sclerot:	ic Cardio	vascula	r Disea:	se		
	LEADING TO of me on the r		1		(A) IMMEDIATE	CAUSE			***********			
heort foilure,	osthenio, etc.	It meons the	diseose,		DUE TO, OF	AS A CONSEC	UENCE OF:					
Injury or con	plication which	n coused dec	oth.)									
	ITECEDENIT C	CALICEC			4-4							
	NTECEDENT C OR CONDITIO		GIVING		DUE TO, OI	R AS A CONSE	QUENCE OF:					
RISE TO THE	ABOVE CAU	JSE (A) STAT	ING THE		002 10, 0		QUENTE OT.					
Z UNDERLYIN	G CONDITIO	ON LAST.			(c)		and that that that that that the same that that that the that the same that the same the	that had man hist number was the same was had hist had his same offending	rdiriad an ancierán an diribrilo do un inrinciería de d			*******
OTHER SIGN TO THE DEAD DISEASE OR 20A. DATE OF		II						·			_	
OTHER SIGN	IFICANT CON	DITIONS CO										
DISEASE OR	CONDITION (INAL					~~~~~~~			
20A. DATE OF				FOR WHICH	OPERATION V	VAS PERFORA	AED			21. AUTO	PSY? (Yes	or No)
Ö												
٧ - ا											No	
O HAIDEDIVING	NAL CAUSE V □ OR CONT			22B. PLACE C home, form, fo	OF INJURY(e.g ctory, street, off	., in or obout ice bldg., etc.) I	NJURY OCCUR?	(If in Boltimor	e City, give exo	ct location)		
UTING CA												
≥ 22D. TIME OF INJURY	(Month) (Do	oy) (Yeor	·) (Hour) 22E.INJU	RY OCCURRED		22F. HOW DID II	NJURY OCCU	IR?			
(APPROX.)				m. WHILE AT		WORK WORK						
23.				m. WORK	AI	WOKK L						
	ify that I he	eld on 1	nquiry [Inspec	tion X A	utapsy	and that on	this basis	deoth in my	oninion		
										_		
resulf	red from: No	oturol cou	ses LAJ	Accident	☐ Suic		omicide 📙		red monner L	_		
	11/20	. 0	1	くっナ	/	Title .	CHIEF MEDICAL				DATE SIG	NED
ACTUAL SIGNATI	IDE WAY	NO	in.	m	M	D ASS	ISTANT MEDICAL	EXAMINER	KX		DAIL SIO	1425
EXAMIN		7	77 0	V: N			CIATE MEDICAL	EXAMINER		6	5/20/69	9
NAME (T	V1	verner	U. S	pitz, M	.D.	7,550			16 11 11		, , ,	
24A. BURIAL CREA	MATION, 24	4B. DATE		24C. NAME	of CEMETER	Y ar CREMATO	DRY 24E	LOCATION	City, town	, or county) (Sto	ote)
REMOYAL (Specif	y).	. /	/	12	9 1	- 1.6	2		13 -	_	7	1
(Durea	6	0/23/	1960	Dart	. natu	nul to.	en.	6	Jall	mone	Kus	e.
25A. DATE REC'D			25B. N	AME OF REC	ISTRA'R	25C.	FUNERAL DIREC	TOR	A	DDRESS	,	
												5
	IIN 23	1969	الم يكري الم	E Jan	en MD	000	70:	3 0	0	30.	11.00.	14
	UN 23	1969	الكهندا	E. Jack	en M.O.	1 Soli	J. Com	il do	Inc. 9	101	Halle	ris LA

Employed The Art of the months The Summer wife by home with men the state of the s Change 6/2/1007 Cat Jate 18 Cather D.







VS 150-REV, 1/1/68

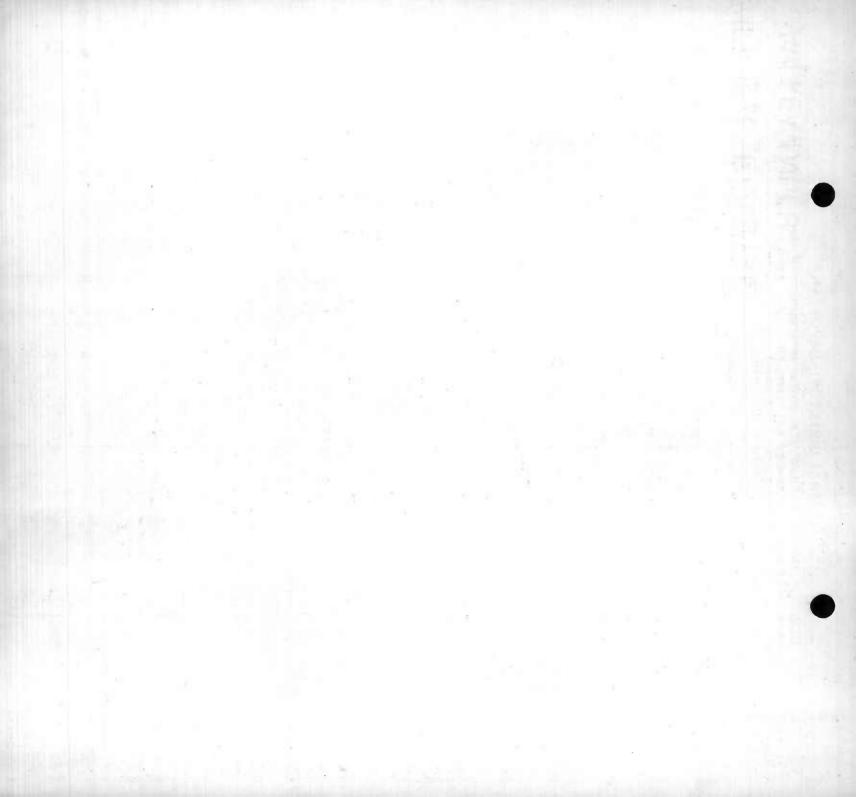


VS 150-REV. 1/1/6B

No.

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission). D. INSIDE CITY LIMITS? YES -NO Road If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours Min. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Baltimore City, give exact location) and that in (my) (aur) spinlan death accurred an the date 238. DATE SIGNED (City, town, or county)



		69	6270	BALTIMORE CIT			REG. NO.	69	6270	
	RTH NO.			CERTIFICA		DEATH	KEO. NO		9.010	
	NAME OF DECEASED			SO KNOWN A			D HOUR OF DEATH	•		
	ORRIS, BRIDGET	TE DE	LHIA- I	DELIA A. MC		JUNE			6:25 A	
3.	PLACE IN BALTIMORE, MARYL				4. USUAL F	ESIDENCE (When	re deceased lived. If	institutions re	sidence before odm	issio
FU	IL MAGNES HIPSBY	HOSPITAL O	R INSTITUTION	N, GIVE STREET	III .	LAND		7	5-5	1
н	OSPITAL OR ADDRESS C	R LOCATION	4)	,	C. CITY OR	TOWN	D. IN	SIDE CITY LI	MITS?	-
W	ILKENS & CATON	AVEN	UES		BALT	IMORE		YES X	NO	
1	0				E. STREET A	ND NUMBER				_
	ALTIMORE MARYL	AND 2	1229		3152	WILKEN	S AVENUE			
	SEX 6. RACE	7. M	ARRIED N	EVER MARRIED	8. DATE OF		% AGE (in years last bishdoy)	If Under	1 Ye If Under 2 Days Hours A	4. H
	EMALE WHITE		DOWED X	DIVORCED [1.00	OZ	Munins	Doys Hours	AIR.
104	USUAL OCCUPATION (Give kin	d of work 10B.	KIND OF BUS	NESS OR INDUSTR	11. BIRTHPL	CE (State or fore	gn country)	12. CITIZ	EN OF WHAT COL	UNT
401	e during most of warking life, even if Housewife	tested)			IREL	AND			U. S. A.	
13.	FATHER'S NAME					AND MAIDEN NAM	M F		U. B. A.	
				0.50.10						
	ILLIAM, WARD	18- 6		DEC'D		DERMITT			DEC	'[
(Te	Was Deceased Ever in U. S. An s,na or unknawn) (II yes, give wo	or dates of		SECURITY NO.	17. INFORMA	T V In		TIMO		Z
N	0			None	STA	GNES HO	SPITAL WI	LKENS	& CATON	1
	18			CAUSE OF DEAT	H				APPROXIMATE INTE	
	DISEASE OR CONDITI		LY		Theme	B - :		8	ETWEEN ONSET AND	DE
	LEADING TO E			(A)IMMEDIATE CA						
	(This does not mean the m heart failure, osthenia, etc. il	ode of dyin means the o	g, e.g., disease.	DUE TO, OR AS		NCE OF:	******************			
	injury ar camplication which	caused deot	h.)	11	ulance	luncia	-			
	ANTECEDENT C	jeurse	levosis		ı					
	DISEASES OR CONDITION	S, if any,	giving	DUE TO, OR AS	A CONSEQUI	NCE OF:				
	rise to the obove coust UNDERLYING CONDITION I	(A) stoti	ng lhe	in lypes	tensive	A.S. C	CUD.			
		7314		(C)	**************					
N	OTHER SIGNIFICANT CONDITION	NS CONTRIB	UTING	0				_		
ERTIFICATION	TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION GIVEN	D TO THE TER	RMINAL	Preumone	o - Cel	ulitis C	eft bey -	٢		
IC.	19A. DATE OF OPERATION 19	B. CONDITIO	N FOR WHICH	H OPERATION	20A. AUT	OPSY? (Yes ar No	20B. IF YES, WERE	FINDINGS	CONSIDERED	
E		AS PERFORM	ED		4	no	IN CERTIFYING CA	AUSES OF D	EATH?	
U	21A. ACCIDENT WAS UNDERLOR CONTRIBUTING CAUSE	YING	21B, PLAC	E OF INJURY (e.g.,	n or about 21 C	WHERE DID	(If In Baltimo	re City, give	exact lacation)	
¥	DEATH (notify madical assessed		etc.)	m, foctory, street, o	mee pidg., INJ	OKT OCCUR?				
No.	21D-TIME (Manth) (Dayl	(Year) (Ho	ut) 21E INJU	RY OCCURRED	21 F.	HOW DID INJI	URY OCCUP?			_
W	OF INJURY (APPROX.)		White At	Not Whil						
			AA GUIC	At Walk						
	22. I certify that (M)(this ha						9 69 to JUN			
	thoty(i)((we) last saw the de			,	196		ot in (my) (our) op	inian deoti	occurred on the	b e
	and hour and from the cause	s stated al	bave. (1) (We) (did) (d(d(n)6f)(v	iew the bad	after death.				
	23A. SIGNATURE	1		10				23 B. DATE	SIGNED	_
	(Newall	o lu	111	C Dh.	inding	Med. Director	Staff Phys.			
	23C. PHYSI CIANT	1	700	DEGREE	23 D. ADDRESS		BAL 7	IMORE	MARVIAN	
	INAME LIGHTS E	1) KAL	E/1A -	MD.				ENC C	CATON	V
24A	BURIAL CREMATION, 248. D.	ATE S		DEGREE OF CEMETERY OF CR	ST AGN		ITAL WILK	CIND G	CATON A	V
	REMOVAL (Specify)							ity, town, or		ate)
25.1	Burial 6-23			athedral C			Fred. Rd.	Balti		
ZSA	DATE REC'D BY HEALTH DEP		NAME OF REC			ERAL DIRECTOR	1 - 1 / - 0 = :		ADDRESS	
_		202	while E.	Jaber M.D.	A Howa	rd H. Hul	bard 4107	Wilkens	s Ave. 212	29
S	150-REV. 1/1/68			-						_



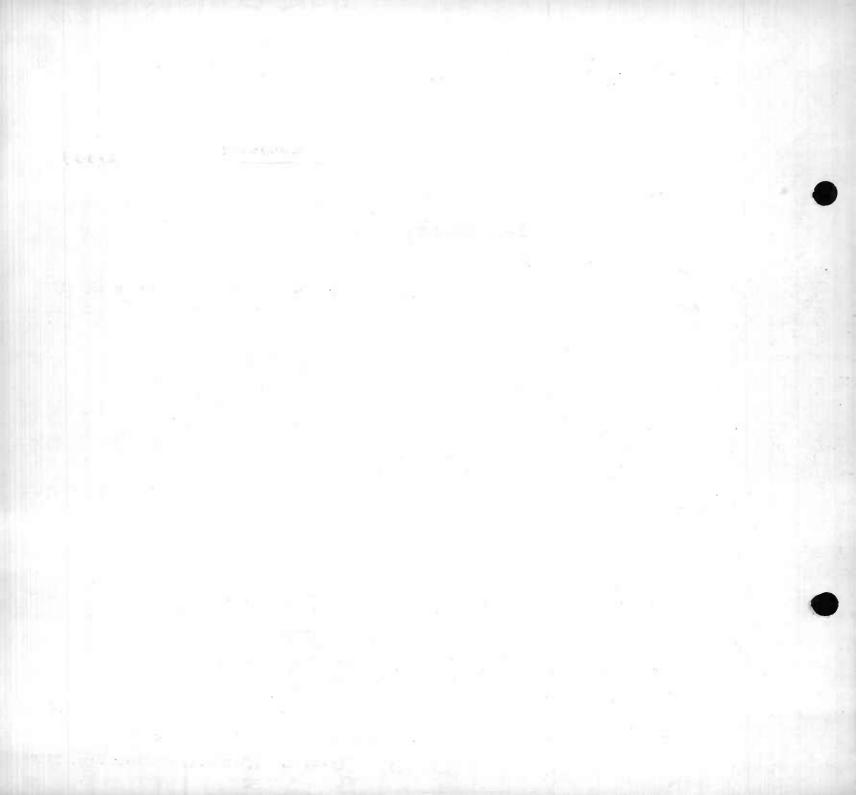
	00	000	BALTIMORE C	TY HEALTH DEPA	RTMENT	/	CO	0000
BIRTH NO.		627:	CERTIFIC	ATE OF D	EATH	REG. NO	69	06/1
1. NAME OF DECEA	CHARLOT	TE	M. ARNO	14.0		ND HOUR OF DEATH		10.05
3. PLACE IN BALTI	MORE MARYLAND, W			4. USUAL RESI	DENCE (Wh	ere deceased lived. If i	nstitution: residenc	10 05 P
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT	AL OR INSTITU	UTION, GIVE STREET	MARY C. CITY OR TOV		Balto. C	o 5 3	3-00
	BALTIMOR	EGE	U. HOSP.	BALT	MORE	E	YES 🖂	NO 🗌
43			Fo	rmerly954	NUMBER J	2105 Smith	Avenue, 2	1227
F	RACE	WIDOWED	NEVER MARRIED DIVORCED	1 2 -23	8-91	9. AGE (In years lost birthday)	If Under 1 Yr. Manths Days	If Under 24 He Haves Min.
IOA, USUAL OCCUP	ATION (Give kind at work rking life, even if retired)	108 KIND OF	BUSINESS OR INDUST		-	eign cauntry!	12. CITIZEN O	FWHAT COUNTE
Housewif	e				1D.		US	A
	ER O.SE	Y MOULE	9	14. MOTHER'S			ENNER	
	rer in U. S. Armed For I yes, give war ar date	/	116-36-4676	17. INFORMANT			ADD	2256
NO NO	yes, give war at date	s of service)	SECURITY NO.	George	W. A	cnold 2105 S	mith Aven	ue 21227
18.250	9 1		CAUSE OF DEA				APPR	OXIMATE INTERVAL
	OR CONDITION DI	RECTLY		Canan	time	V. + C- 1		IN ONSET AND DEA
(This does not	mean the mode of thenia, etc. It means	dying, e.g.,	(A) IMMEDIATE C	AUSE S A CONSEQUENCE	OF:	Heart Fail betic ale	me	*************
injury or campli	calion which caused	deoth.)	0 A			1 # 0		
	TECEDENT CAUSES		(B) aver	ioslerol	cdu	behe we	ers-	
rise to the	above couse (A)	ony, giving sloling the	DUE TO, OR	AS A CONSEQUENC	E OF:			
UNDERLYING	CONDITION last.		(c)	wing		****		
OTHER SIGNIFICA	ANT CONDITIONS CO	NTRIBUTING					İ	
A DISEASE OR CON	BUT NOT RELATED TO THE	T.1 (A).		100.1				**************
5-14-6	PERATION 198 CON WAS PERF	ORMED LE		20A. AUTOPS		O) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONS USES OF DEATH	IDERED ?
	WAS UNDERLYING	21 B. hame etc.)	PLACE OF INJURY (e.g. form. foctory, street	in or about 21 C. W office bldg., INJURY	HERE DID	(IC In Boltimor	re City, give exoct	locotion)
O 21D. TIME (A	Aonth) (Doy) (Yearl	(Hous) 21 E.	INJURY OCCURRED	21F. HC	OW DID IN	JURY OCCUR?		
(APPROX)		While	O AI WO AI WO	hile .				
22. Leertify th	at (1) (this hospital	Lettended th	e deceased from	4-19		19 69 to	6-19	19.69
	st sow the decease		6-19	19 6	2 and t	hat in (my) (our) opi	nfon death occ	urred on the da
and hour and fi	om the causes stat	ed above (I)	(We) (did) (did not)	view the body a	fter death.			
Raymon	March	rid B	AL DIA	Hending M	ed. 🗀	Staff 121	23 B. DATE SIGN	-
23C-PHYSICIAN'S	4 Davies	0.04	DEGREE	23D. ADDRESS	rector 🗀	Phys.	6-17	7-69
NAME (Type	Raymond Ga	mbrill		South Ba	altimo:	re General H	ospita 1	
AA. BURIAL CREMA	TION, 248. DATE	24C. NA	ME of CEMETERY OF C	E			ty, lawn, or caunt	y) (Stote)
Buria1	6-23-69		oudon Park C	emetery	Ва	altimore, Ma	ryland	
25A, DATE REC'D BY	IN 23 1969	Jabers &	REGISTAND M. D.	Hovard			Wilkens A	Ave. 2122

VS 150-REV. 1/1/68

25C. FUNERAL DIRECTOR
Hovard Ho Hubbard 4107 Wilkens Ave. 21229 The water has I like a re-1. 12 1. 194

E	54
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (1) was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such expression was an expension of the death of the contribution of the death of the contribution is made.
	of d of d Dece ce on
	a hos cause se; (5) andan to de
	ting caus
	tribut mine gular sed p
	ath or condeter in redeced
	if deect o 4) Un was the
FUNERAL DIRECTOR: IMPORTANT	stant ie dir ind; (eath e on
ORT	if thank keed d
M	Also, re of noun atter
OR:	iner. ractu pro gular
RECT	examexam 3) A f
L DII	lical rrns; (rsiciar was i
ERA	mec dy bu e phy ician
FUN	by c by c 2) Bo re th phys
	by the spital wheek
	he ho y nat xcept and (c
	of an (e th); c
	leased ident hospi
	ate mas related at a rior t
	dy w (1) A (0.A.
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such veiceased prior to death, such and (6) No physician was in regular attendance on the deceased prior to death. Such
	F + 4 > 0 >

	00 0	BALTIMORE CITY	HEALTH DEPARTMENT		00	COMIA
	69 6	272 CERTIFICA	TE OF DEATH	REG. NO.	69	6612
	H NO.	CERTITICA	TE OF DEATH			
	e or Print) Edna Emme	/		D HOUR OF DEATH	10	4
2 D	LACE IN BALTIMORE, MARYLAND, WHERE PRO		4. USUAL RESIDENCE (When	deceased lived If in	69	7:15 A. N
). F	NORTH Charles	Ilu: Hosp,			similari, reside	y / A &
FUL	L NAME OF (IF NOT IN HOSPITAL OR IN	STITUTION, GIVE STREET	MARYLAN	D	2 8	-64
	SPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INS	DE CITY LIMIT	\$?
4	9		BAITIMOR	€	YES D	NO 🗌
1	/		E. STREET AND NUMBER	1100 -	,	
			110 LABOREN	y Road	2	1229
SE	EX 6. RACE 7. MARR	NEVER MARRIED	B. DATE OF BIRTH	. AGE (In years	If Under 1 Months Doy	Yr. If Under 24 Hrs
7		VED DIVORCED	march 14, 1916	ost birthdoy)	Withins Do	ys Hours /viin.
	USUAL OCCUPATION (Give kind of work 108. KINE		11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN	OF WHAT COUNTR
one	during most ol working life, even if retired)		11 -1 0			
	CLERK Soc	. SECURITY	North Can	elina	u	SA
3. F	ATHER'S NAME		14. MOTHER'S MAIDEN NAM	1 E		
	JoAn WrigHT		nancy.	Shelton		
s. V	Vas Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT Carol L. Bloom			DRESS OF CO.
es,	,no or unknown) (Il yes, give wor or dotes of servi		Carol L. Bloom	mer 110 Up	mannor	Rd. 21229
	NO		3 Mrs. Holland	2308		
	18. 162, 1 I	CAUSE OF DEATH				PPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY		0	. 1		
	LEADING TO DEATH	AND MANAGRIATE CALL	SE Cancer of accordance of metastasis	lunes.		
	(This does not meon the mode of dying,	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	10	4	
	heart failure, osthenia, etc. It means the dise	ase,	metastaris	to Bea	cen	
	injury or complication which caused death.)	min	// CCC			
	ANTECEDENT CAUSES	(n)				
	DISEASES OR CONDITIONS, if any, gir	ving DUE TO, OR AS	A CONSEQUENCE OF:			
	rise to the obove cause (A) stating					
	UNDERLYING CONDITION lost.	(c)	***************************************	*		
-						
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN					
∢	DISEASE OR CONDITION GIVEN IN PART 1 (A).			****		
5	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CO	NSIDERED TH?
E)		no	III CERIII IIII CA	0363 01 064	
<u>ت</u>	21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., i	or obout 21C. WHERE DID	(If in Boltimor	e City, give ex	act location)
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	home, form, foctory, street, of	hice bldg., INJURY OCCUR?			
U			0.5			
VED!	21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E, INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?		
	(APPROX.)	While At Not While At Work				
1	20 1		na a	10 1.		0 /01
4	22. I certify that (1) (this haspital) attend	ed the deceased fram	may 15 1			9 1969
1	that (1) (we) last saw the deceased alive	on June 19	19 6 9 and the	it in(my) (aur) api	nian death a	ccurred on the do
	and haur and from the causes stated abov	a (1) (Was (did) (did not) w				
	23A. SIGNATURE	e. (I) (we) (did) (did hai) V	lew the bady differ death.		DATE OF	GNED
4	ZSA. SIGNATURE	2	44-4		23B, DATE SI	IGNED
	Aderación B. Pa	culino OEGREE Phys	Med. Director	Staff Phys.	June	19,1969
1	23C. PHYSICIAN'S	OFOREE	23D. ADDRESS		0	
	NAME (Type)		20 1 01	, Q	1	97 ' _
	Inlovare hiznik	M. D. DEGREE	north Cha	elle Ten	enal	Hespita
4A.	BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CRE	MATORY 24D. LC	CATION (Ci	ty, town, or co	ounty) (Stote)
	Burial 6-21-69	New Cathedral Co	emetery Ro	ltimore, Ma	rvland	
)5A		ME OF REGISTRAR	25C. FUNERAL DIRECTOR	Termore, Ma		ADDRESS
JMO	256. NA		UATTO THE DIRECTOR	hard 4107 T		
		71 71 71			VI. IK CIII	Ave. ZIZZY
	IUN 2.3 1969	E. Jaber M.B.	upware no nug	Dalu 4107 V	ATTKELLS	Ave. 21229



		00000	BALTIMORE CITY HEALTH D	
RTH NO.	69-085269	6273	CERTIFICATE OF	DEATH
NAME OF	OECEASED			2. OATE

FG	NO.	69	6273	
LU.	110.			

BIRTH NO. 69-085269 6	273 CERTIFICA	TE OF DEATH	REG. NO	69 6273 V
Type or Pintl	N. Committee of the com		AND HOUR OF DEATH	
BERG. STEVEN	WAYNE	JU	NE 18, 1969	1 8:10 P M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PI	RONOUNCED DEAD	4. USUAL RESIDENCE (V	Where docoosed lived, If in	stitution: residence before admission)
FULL NAME OF HOSPITAL OR I ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN	Ba	DE CITY LIMITS?
117		BALTIMOR	1	YES NO
ST AGNES HOSPITAL		E. STREET AND NUMBER		12 10
		918 ELMR	IDGE AVE	
5. SEX 6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yours	If Under 1 Yr., If Under 24 Hrs.
MALE WHITE WIDO	WED DIVORCED	05 11 69	lost birthdoyl	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
DA. USUAL OCCUPATION (Give kind of work 10B, KIN	D OF BUSINESS OR INOUSTRY	11. BIRTHPLACE (Stote or I	oroign country)	12. CITIZEN OF WHAT COUNTRY
tone during most of working life, even if felifed)				
INFANT 3. FATHER'S NAME		MARYLAND		USA
E.		14. MOTHER'S MAIDEN N	IAME	
ARTHUR BERG		BONNIE MILI	LER	
5. Was Decoased Ever in U. S. Armed Forces? Yas, no or unknown) (If yes, give war or dates of son	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		AOORESS
No	None	ST AGNES RI	TOODDC DALT	0 MD 01000
118. 2 20 1	CAUSE OF DEAT		ECORDS - BALT	O MD 21229 APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying,	(A) IMMEDIATE CAU	SE Cardio-resp	ei atory Fail	BETWEEN ONSET AND DEATH
heart failure, asthenia, etc. Il means the dis- injury at camplication which caused death.)	ease,	A CONSEQUENCE OF:		
ANTECEDENT CAUSES	(B) Men	ingo enceph A CONSEQUENCE OF:	alitis	
DISEASES OR CONDITIONS, if any, gi	iving DUE TO, OR AS	A CONSEQUENCE OF:	**********************	4 + 10 + 10 + 10 + 10 + 10 + 10 + 10 + 1
UNDERLYING CONDITION last.	(c)	V		
II	(0)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMINATE OF CONDITION GIVEN IN PART 1 (A).	ING NAL	***************************************	**************************************	
19A OATE OF OPERATION 19B CONDITION I WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPST? (Yes or	No) 208. IF TES, WERE F	NOINGS CONSIDERED
WAS PERFORMED		YES	IN CERTIFYING CAU	SES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B.PLACE OF INJURT (e.g., in home, farm, foctory, street, off etc.)			City, give exect locotion)
21D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW OIO II	NURY OCCUR?	
OF INJURY (APPROX.)	While At Not While	I		
22 1 1/4 1 VoV	Work L At Wark			
22. 1 certify that XIX (this hospital) attend	ed the deceased fram	JUNE 9	_169toJUNI	1.8 19.69
that XIX(we) last saw the deceased allve		19.69 and	that in (my) (aur) apin	lan death occurred on the date
and haur and fram the causes stared abov	e. (X) (We) (dld) (d(d) not) vi	ew the bady after death		
23A. SIGNATURE				23B, DATE SIGNED
J. his	After After	ding Med.	Staff Phys.	06 19 69
23C.PHYSICIAN'S NAME (Type)	MO DEGREE Phys.	3D. ADORESS	Phys. CA.	00 12 03
\ /		ADORESS		
	H.D DEGREE	ST AGNES HO	SPITAL BAL	TO MD 21229
REMOVAL (Specify)	C. NAME of CEMETERY OF CRE	MATORY 24D.	LOCATION (City	town, or county) (Stoto)
Burial 6-21-69	Lorraine Park Ce	metery Wo	odlawn, Bal	timore Maryland
	ME OF REGISTRAR	INC. FILMERAL CLERKE		-

VS 150-REV. 1/1/68

JUN 23 1969 June & Jaben 20

Howard H. Hubbard 4107 Wilkens Ave.

21229



IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

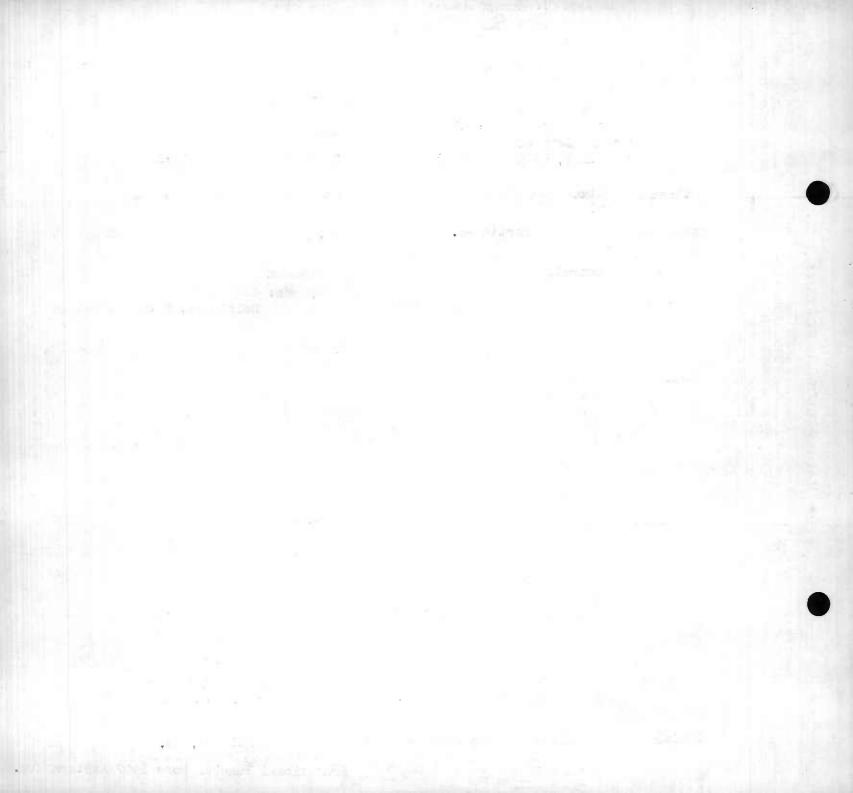
21228

No 🗔

APPROXIMATE INTERVAL

If Under 24 Hrs.

and the second of the second o



BIRTH NO. 1. HAMME OF DECEASED 1. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD 1. PLACE IN BALTIMORE, WHO PLACE IN BALTIMORY OF BUSINESS OR INDUSTRY II, BIRTHPLACE ISINE OR Investigate Country 1. PLACE IN BALTIMORY OF WHAT COUNTRY 1. MOTHER'S MAIDEN NAME 2
Type or Pant) EMMA HOWE JUNE 69 1/1/1 AN JUNE 69 1/1/2
3. FLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) STOTE BOOK LOCATION, STITUTION, GIVE STREET S. COUNTY SOUTH BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD ADDRESS OR LOCATION, GIVE STREET OR ADDRESS OR LOCATION, GIVE STREET S. COUNTY HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN BALT HORE HOLD NEVER MARRIED I. STREET AND NUMBER C. CITY OR TOWN BALT HORE HOLD NEVER MARRIED I. STREET AND NUMBER C. CITY OR TOWN BALT HORE HOLD NEVER MARRIED I. STREET AND NUMBER C. CITY OR TOWN BALT HORE HOLD NUMBER C. CITY OR TOWN BALT HOLD
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREE
C.CITY OR TOWN D. INSIDE CITY LIMITS? NO
E. STREET AND NUMBER 24-03 S. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED 2-20-P Cost birthday) 100. USUAL OCCUPATION (Givs kind of work 100,
SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years lost birthday) Months! Days Hours Min., Min., Min., Months! Days Hours Min., Min., Months! Days Hours Min., Min., Min., Months! Days Hours Months! Days Hours Min., Months! Days Hours Min., Months! Days Hours Months! D
MARKED NEVER MARKED 2-20-P 2 Tost birthday) Months; Doys Hours Min, Sot Minday Months; Doys
DIVORCED DIV
Approximate interval. 3. FATHER'S NAME Manuary Manuary Manuary
3. FATHER'S NAME A
MARY SIZABETH Alexandra (de c) ADDRESS CAUSE OF DEATH (This does not meen the mode of dying, e.g., heart failure, astheria, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the MARY SIZABETH Alexandra APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF:
IB. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart failure, astheria, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the AMPROXIMATE INTERVAL Satura I vitesticual Bleeding (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF:
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DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) slating the
TIMPERI VINC COMPUTED IN
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C)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 1994. DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION WAS PERFORMED AMBUTATION Left Le CT. 1004. AUTOPSY? (Yos of No.) 1005. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 1007. Left Le CT. 1007. Left Left Left Le CT. 1007. Left Left Le
J 21A/ACCIDENT WAS UNDERLYING 21B PLACE OF INJURY I.e.g., in or obout 27C. WHERE DID (If In Boffimore City, give exect location)
DEATH (notify medical examined etc.)
21D. TIME (Month) (Doy) (Yeo) (Hout) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
(APPROX.) While At Not While Not While Not While
22. I certify that (1) (this hospital) attended the deceased from 6-1- 1969 to 6-16 1969
that (i) (we) last sow the deceased alive on
and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.
23A. SIGNATURE 23B. DATE SIGNED
Attending Med. Staff Director Phys. 9 6-16-69
PACE IN THE COLOR OF THE COLOR
4A. BURIAL CREMATION 12/8 DATE 12/C NAME (CRAMETER)
REMOVAL (Section) 248. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State)
BURIAL 6/18/69 TOWNSEND CEM. TOWNSEND - DET
EBAOVAL ISpecify 1000



	69 6277 BALTIMORE CITY	HEALTH DEPARTMENT	Comm
BIR		TE OF DEATH REG. NO.	0211
	pe or Printl William Michael Cha	YKE 2. DATE AND HOUR OF DEATH	14:30 P. M.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, Il institution A. STATE B. COUNTY	n: residence before admission)
HC	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CIT	24-04 YLIMITS?
1	South Beltime Several Hospital 13 Baltimore Md. 21230	E STREET AND NUMBER	NO []
		1735 Light street	`
5. 5	MIDOWED DIVORCED	1-19-0/1 62	nder 1 Yr. II Under 24 Hrs. hs: Doys Hours Min.
dan	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY of during most of working life, even if retired)	11. BIRTHPLACE (State or loreign country) 12. (USA COUNTRY?
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	James	Mary Kaddon	
15. (Yes	Was Deceased Ever in U. S. Armed Forces? 5, no of unknown! (If yes, give wor or dotes of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	18. CAUSE OF DEATI		APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Ruptured Abd AAA	BETWEEN ONSET AND DEATH
	(This does not meen the mode of dying, e.g., heart leiture, asthenia, etc. It means the disease, injury or camplication which coused death.)		
	ANTECEDENT CAUSES Abda	· landing	3+3 +/
	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS	A CONSEQUENCE OF:	2 mining
	tise to the obave couse IA) stoling the UNDERLYING CONDITION last.	arteriosclepsis	yrs.
CERTIFICATION	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
CAI	DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994-DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION	(20A-AUTOPSY (Yes or No)) 20B, IF YES, WERE FINDIN	GS CONSIDERED
RTIF	2 10-16-60 WAS PERFORMED	20A. AUTOPSY (Yes or No) 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES C	F DEATH?
CAL CE	21A. A CCIDENT WAS UNDERLYING 21B. PLACE OF INTURY 16.9, in OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examined)	n or about 21 C. WHERE DID (II In Boltimore City, Injury OCCUR?	give exact location)
ā	21D. TIME (Manihi IDoy) (Yeoil (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
¥	OF INJURY (APPROX.) While AI Not While Work At Work		
	22. I certify that (I) (this hospital) attended the deceased from	6-6- 196910 0-	19- 1969
	that (I) (we) last sow the deceased alive an 6-19-	196 9 and that in (my) (over) opinion d	eath accurred an the date
	and hour and fram the causes stated above. (1) (We)-(did) (did not) v		
	23A- SIGNATURE C. Clicic DEGREE Phys	nding Med. Shoff	6-19-69
	23C. PHYSICIAN'S NAME ITYPH C. C. C. C. C. HIU M.D.	IE Randell St. Baton	ine ld. 11230
24A	REMOVAL Specify	feel Shorten	n, or county) (Stote)
	L. DATE REC'D BY HIALTE 3F1969 258 NAME OF REGISTRADO, M.D.	25G. FUNERAL DIRECTOR	FOLL are
"VC	150-REV. 1/1/68		



IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

REG. NO.

NO X

ADDRESS

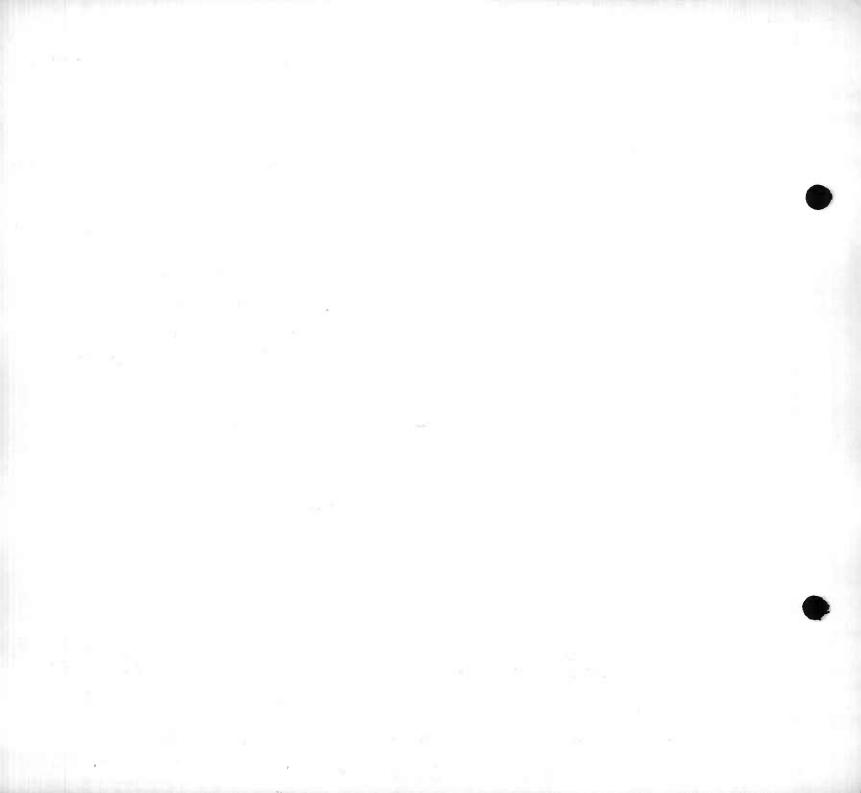
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APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

(Stote)

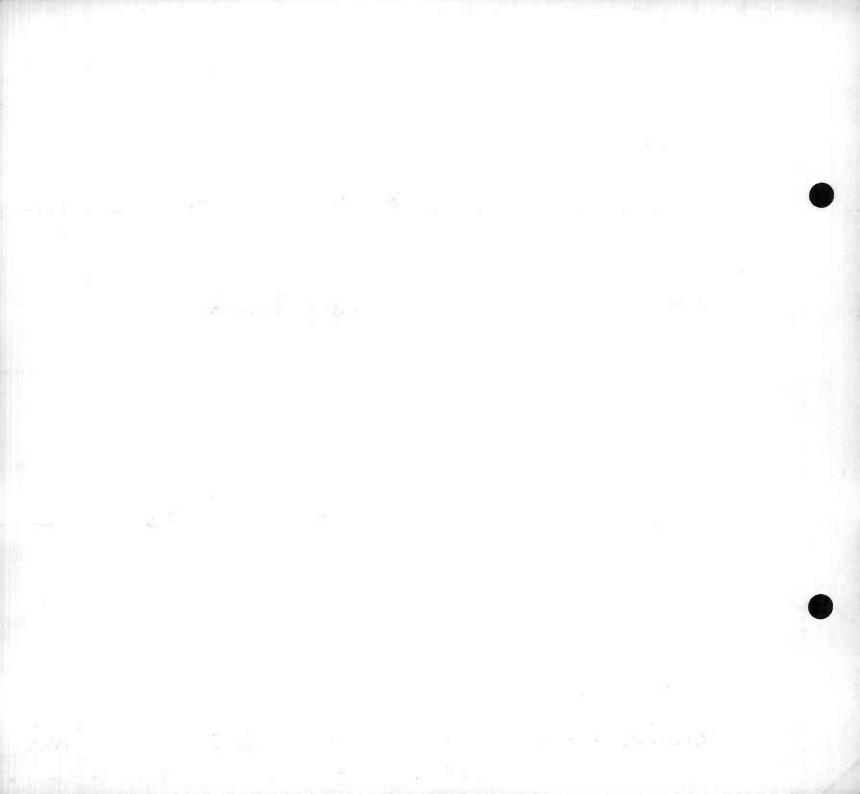
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Dece of do oth.	3. PLACE IN B	ALTIMORE, MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If i	institution: residence before admission)
hos (5) lond	FULL NAME OF HOSPITAL OR	OF (IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTITU	TION, GIVE STREET	Maryland c. CITY OR TOWN		rford 6 2
	1 31	Baltimore City	Hospita	als	Street		YES NO 3
ting d cou	21	4940 Eastern A	Avenue		Rt. #2, Box 145		21154
o d d	S. SEX	Baltimore, Mary		21224	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
occurre ontribut ermined regulor	Female	White	WIDOWED	DIVORCED	5/10/1915	lost birthdoyl 54 -53	
th collecter		CCUPATION (Give kind of wor of working life, even if retired)			11. BIRTHPLACE (Stote or	toreign country)	12. CITIZEN OF WHAT COUNTRY?
s ind	House		BA	nk	New York	SILLINEELE	U.S.A.
if deorect or wos it the d	13. FATHER'S				14. MOTHER'S MAIDEN		
irection (4)		Ingatius		Asie lewsk?		Eva	
IMPORTANT or his ossistant Also, if the dir of ony kind; (ounced death offendance on ned or final dis	(Yes, na of unkno	ed Ever in U. S. Armed Fo wn) (If yes, give war or dote	rces? es of service)	16. SOCIAL SECURITY NO.	The Ignatus A. Records: BCH	-4940 Eastern	Avenue 21224
O Se if		1 X 1		CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
his so, is of or	DISE	ASE OR CONDITION DI			0		
0 4 4 5 0 5	(This does	LEADING TO DEATH not mean the mode of		(A) IMMEDIATE CAL	A CONSEQUENCE OF		G he
	heart failu	re, asthenia, etc. Il meons	the disease,	DUE 10, OR AS	A CONSEQUENCE OF:		
O in in o o o o o		ANTECEDENT CAUSES		44	serie (lui)	that info	poi 2 4.40
CTC CTC am		OR CONDITIONS, if		(B) DUE TO, OR AS	A CONSEQUENCE OF:	y that infer	. 11011
DIRECTOR: cal examiner s; (3) A froctution who profine results in regulor	rise to UNDERLY	the obove cause (A) NG CONDITION last.		(c). Ho	oly Kins Dife	rare, IR P.	2445
AL DI medica edica! burns; hysicio	Z OTHER SIG	II NIFICANT CONDITIONS CO	NTRIBUTING	CHE	4, 4.		
RA me me phy	TO THE DE	ATH BUT NOT RELATED TO T	THE TERMINAL	CHI	hyponotiem		
FUNERA te chief me by a mee 2) Body bu re the phy	() 10 A DATE		IDITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes	IN CERTIFYES CA	FINDINGS CONSIDERED AUSES OF DEATH?
+======================================	OR CONTE	DENT WAS UNDERLYING [BIBUTING CAUSE OF offify medical examiner)	21B. hometc.)	PLACE OF INJURY (e.g., e, form, foctory, street, o	in or about 21 C. WHERE Di	ID (If In Boltimo	ore City, give exact location)
Y i e y Z	0	(Month) (Doy) (Yeor)	(Hour) 21E.	INJURY OCCURRED	21F, HOW DIE	DINJURY OCCUR?	
hosp natu d (6)			Whi	le At Not Whi	le 🔲		
o o o o o o o o o o o o o o o o o o o		(C. 1) (D) (1) - 1 1	Wor		6/16/	19 & 9to	6/10 1969
0 0 0	22, I cert	ify that (1) (this hospita ve) last saw the deceas	ad alive on	1:30 AM G/)	W-1		pinion death occurred on the dote
0 + 4 = 51		ond from the couses sta					minor death occords on the dore
r be o sed to ant of spital	23A. SIGNA		ired obdive.	(we) (ala) (ala hai)	view the bady differ de-	om.	23 B. DATE SIGNED
leos leos hos	0	10 R To	in or	M. D. Ath	ending Med.	Staff Phys.	6 ho 169
T o C o T	23C.PHYSI		user, "	DEGREE TI	22D ADDRESS		
wos r An a	NAMI	Type)	TALIFA	Mn	Fehrs Ho	bkie back	ue, Baltimore, Md.
	ZAA. BUKIAL L	REMATION, 248. DATE	24C. NA	ME of CEMETERY OF CR		4D. LOCATION	City, town, or county) (Stote)
£ # 00 0	KEMUVA	L (Specily)	19/9 at 7	ignitius Cath. C	h, Cem	Hickory, Harfor	dCo, manylowed
		C'D BY HEALTH DEPT.	2SB. NAME O	F REGISTRAR	2SC. FUNERAL DIRE	CTOR LA B	onduray & WILLIAMS St.
This the I shov was dece		Will 9 9 1000	7 Beach	5 3. a. wa	Jasely Costilie	INFOSTET BEI	Air manyland 21014
	VS 150-REV. 1	1/6BJUN 20 130	- Orongo	THE PERSON NAMED IN COLUMN	July som	an toler	

Control of the second

4. USUAL RESIDENCE IWhere deceosed lived, Il institution; residence before admissional A. STATE 8. COUNTY YES 🖵 NO If Under 1 Yt. If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 10 mos. 20A AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Baltimare City, give exact location) and that in (my) (our) opinion death accurred an the date 23B. DATE SIGNED 6-19-69 deceased p (City, town, or county) ADDRESS 23 1969 VS 150-REV. 1/1/68



IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

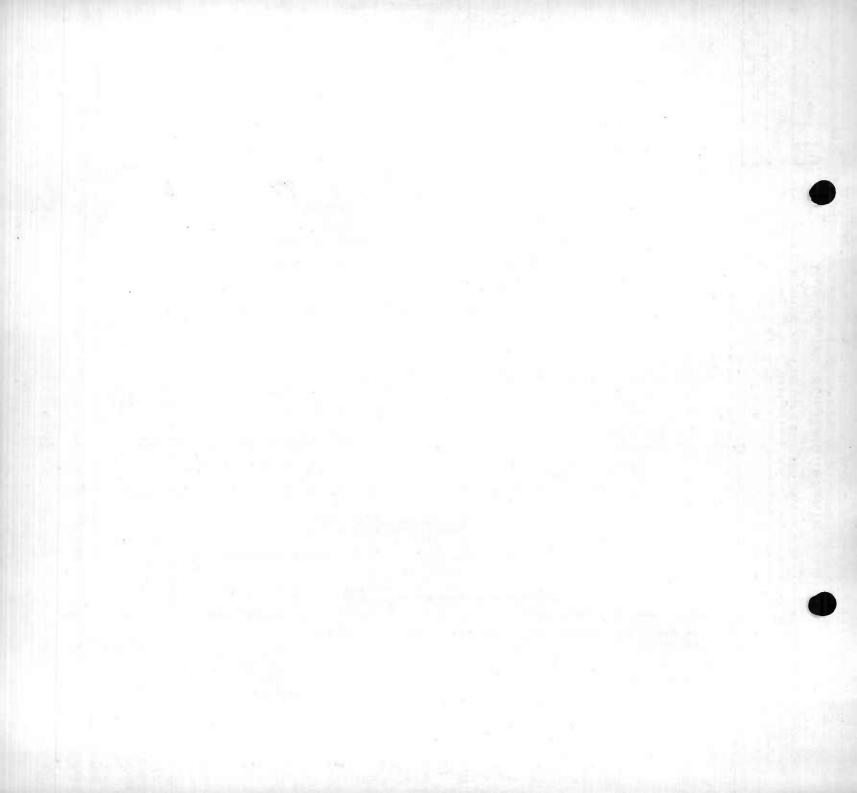
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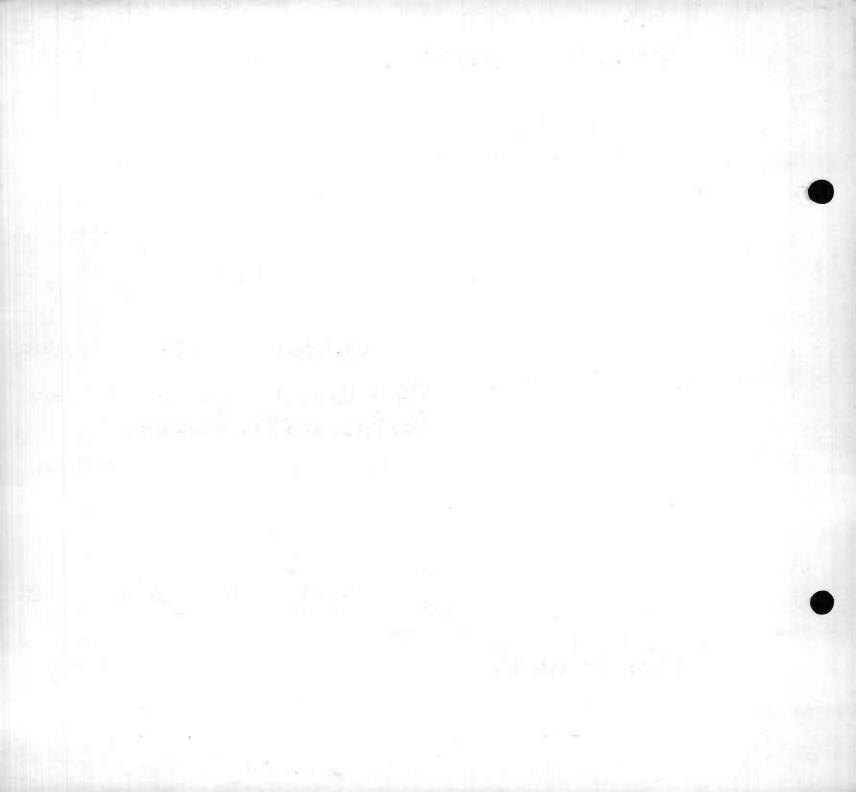
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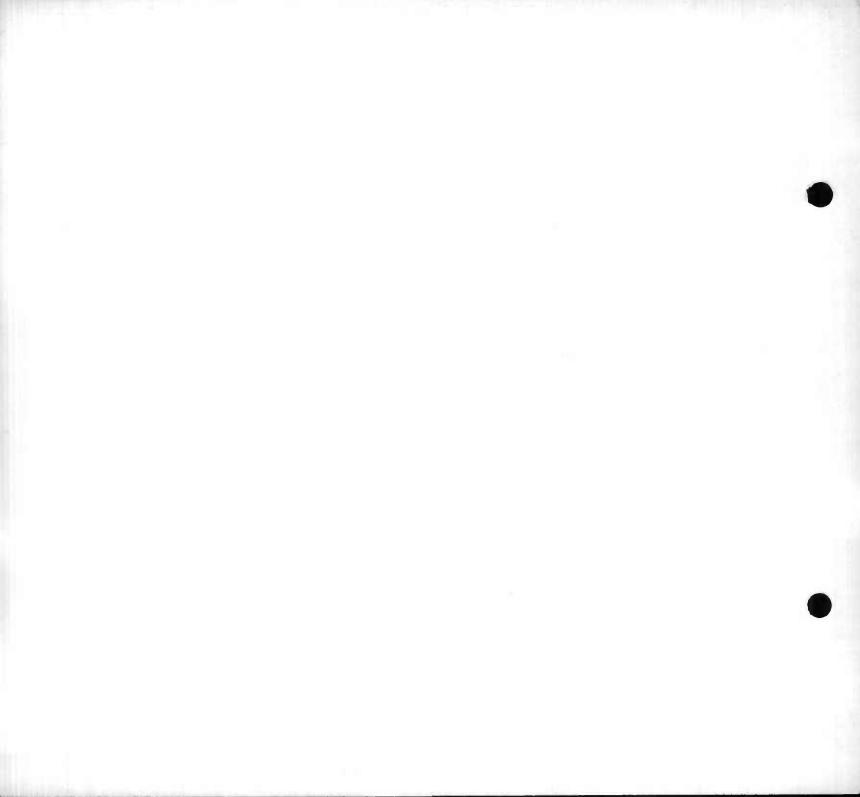
BETWEEN ONSET AND DEATH

If Under 24 Hrs.



BIRTH NO.	00	628			REG. NO	. 20
	ALTIMORE, MARYLAND, V	VHERE PRONOUN		A. STATE B. COUN	1) & 61 re deceased lived. If i	nstitution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	Baltimore Ci	ty Hospit		MARYLAND C. CITY OR TOWN BALTIMORE	D. INS	SIDE CITY LIMITS? YES NO NO
31	Baltimore, M	aryland #		732 SOUTH CHAI	RLES STREET	21230 If Under 1 Yr., If Under 24 Hrs.
MALE	NEGRO	WIDOWED _	NEVER MARRIED X	4-10-95	lost birthdoy	Months Doys Hours Min.
		k 10B, KIND OF B	USINESS OR INDUSTRY		ign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S N	AME				ME	U.S.A.
BILL				MARY - MINNIE		
(Yes, no or unknow	ed Ever in U. S. Armed Fo wn) (II yes, give wor or dot	rces? es ol service) •	SECURITY NO.	BCH: RECORDS 4	BALTIMORE, N 1940 EASTERN	MARYLAND 21224 N AVENUE APPROXIMATE INTERVAL
(This does heart foilur injury or c DISEASES rise ta	LEADING TO DEATH not mean the made of e, osthenio, etc. It means omplication which couses ANTECEDENT CAUSE: OR CONDITIONS, if the above cause (A)	dying, e.g., s the disease, d deoth.)	(A) IMMEDIATE CAL DUE TO, OR AS (B) POLIVA DUE TO, OR AS (C) AND		e Pentavi	
TO THE DE	ATH BUT NOT RELATED TO	THE TERMINAL RT 1 (A).	TN6	EVELIOSIS-	b) 20B. IF YES, WERE	> 10 yrs
OR CONTR	DENT WAS UNDERLYING [re City, give exact location)
21D. TIME OF INJURY (APPROX.)			2.0		URY OCCUR?	
that (1) (m	(e) last saw the deceas	ed afive an	6/18	19 69 and th		6 18 19 61,
		ited above. (1)	(Me) (did) (did un t) v	view the bady after death.		23B. DATE SIGNED
Ata	y Hotile	(14)	DEGREE Phy	s. Director	Staff Phys. X	6-18-69
JOHN	COHEN M.D.	love MAA	DEGREE	4940 EASTERN A	VE. BALTOL	MD. 21224
Burial	6-23-	69 Mour	nt Calvary			
25A. DATE REC				25C. FUNERAL DIRECTOR	rown & Son	a Address reet
	S. SEX MALE 10A. USUAL OCHOSPITAL OR INSTITUTION 3. PLACE IN B FULL NAME OF DISTALL OR INSTITUTION 3. PLACE IN B FULL NAME OF DISTALL OR INSTITUTION 13. FATHER'S N BILL 15. Wos Deceos (Yes, no or unknown or unkn	BIRTH NO. 1. NAME OF DECEASED (Type or Print) 3. PLACE IN BALTIMORE, MARYLAND, V FULL NAME OF HOSPITAL OR ADDRESS OR LOC Baltimore Ci 4940 Eastern Baltimore, M 5. SEX 6. RACE MALE NEGRO 10A. USUAL OCCUPATION (Give kind of word done during most of working life, even if retired) 13. FATHER'S NAME BILL 15. Wos Deceased Ever in U. S. Armed Fores, no or unknown) (III yes, give wor or dot LEADING TO DEATH (This does not mean the made of heart foilure, osthenio, etc. It means injury or complication which coused ANTECEDENT CAUSE: DISEASE OR CONDITION In the site of the state of	BIRTH NO. 1. NAME OF DECEASED (Type or Print) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN FULL NAME OF HOSPITAL OR INSTITUT ADDRESS OR LOCATION) Baltimore City Hospit 4940 Eastern Ave Baltimore, Maryland 5. SEX 6. RACE NEGRO NEGRO 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF B. WIDOWED) 13. FATHER'S NAME BILL 15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no of unknown) (III yes, give wor of dates of service) 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart follure, osthenio, etc. It means the disease, injury or complication which coused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoting the UNDERLYING CONDITION last. 10 OTHER SIGNIFICANT CONDITION S CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A DATE OF OPERATION 198. CONDITION FOR WWAS PERFORMED 21A. ACCIDENT WAS UNDERLYING (A) PART 1 (A). 21B. PODEATH (notify medical examinen) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. II (A). 21D. TIME (Month) (Doy) (Year) (Hour) 21E. II (A). 21D. TIME (Month) (Doy) (Year) (Hour) 21E. II (A). 21D. TIME (Month) (Doy) (Year) (Hour) 21E. II (A). 21A. ACCIDENT WAS UNDERLYING (A) PART 1 (A). 21B. PODEATH (notify medical examinen) 21A. ACCIDENT WAS UNDERLYING (A) PART 1 (A). 22B. PART 22B. PART 22B. PART 24C. NAM REMOVAL (Specily) BUT 31 25A. DATE REC'D BY HEALTH DEFT. (25B. NAME OF	BIRTH NO. I. NAME OF DECEASED (Type or Pridus CA) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION Baltimore (Tity Hospitals) 4940 Eastern Ave Baltimore, Maryland #21224 5. SEX	BIRTH NO. I. NAME OF PROBLEM CONDITION OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Since or lone adving mile, even if relied) 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD A. USUAL RESIDENCE (Whe A. STATE 8. COUNTY OF TOWN BALTIMORE 7. AND STATE 1. COUNTY OF TOWN BALTIMORE 7. AND STATE 8. COUNTY OF TOWN BALTIMORE 8. COUNTY OF TOWN BALTIMORE 8. COUNTY OF TOWN BALTIMORE 8. STREET AND NUMBER 7. STATE 8. COUNTY OF TOWN BALTIMORE 8. COUNTY OF TOWN BALTIMORE 8. STREET AND NUMBER 7. STATE 8. COUNTY OF TOWN BALTIMORE 8. STREET AND NUMBER 7. STATE 8. COUNTY OF TOWN BALTIMORE 8. STREET AND NUMBER 7. STREET AND NUM	BIRTH NO. THAM BALD CHARLES THE COUNTY AND





VS 151-REV. 1/1/68

69 6285 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFIC	ATE	OF	DEATH
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IRTH NO.		MED			MINER'S			DEAT	H REG. NO	9 6	285	
NAME OF DECE		EDN/ BEATRI			MORRIS	2. DATE OF DEATH	Known 🔽	Month	Doy	Yeor	Hour	
PLACE IN BALT						3. DATE		Month	Dov	Yeor	Hour	М.
ULL NAME OF OSPITAL OR INSTITUTION	(IF NO	T IN HOSPITA	AL OR INST				JNCED DEAD ESIDENCE (When	June	21,	1969		00а м
00						A. STATE	LOIDEITCE (Mier	e deceased ii	B. COUNTY	-1	POINT OUT	2
	S. Bor	nd St.	To.	C-36			Maryland		T=	Jan.	-0	2
. SEX	7. RACE		8. MARR	IED 🗗 N	EVER MARRIED	C. CITY OR	IOWN		D. INSIDE CI	TY LIMITS?		
Female	White		WIDOW		DIVORCED	Balt			YE	s	ио 🗆	
DATE OF BIRTH		10. AGE (I			Yr. If Under 24 Hrs.	E. STREET	ND NUMBER					
Nov. 26,	1929	39	")			811	S. Bond	St.				
BIRTHPLACE (St	ote or foreig	n country)		12. CITIZ	EN OF	13. FATHER						
Pittsburg	h. Per	ma.	100	WHAT	COUNTRY?	James	s Hill					
			14B. KIND	OF BUSI	NESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN NA	ME		_		
Housewai	rking life, ev	en ifretired)	Own	Home								
es, no or unknown)				? 17.	SOCIAL SECURITY NO.	18. INFORA		022		DDRESS		
					\$8-20-11296	James	s Morris	911	S. Bond	Stree	JE	
	osthenio, etc	DEATH mode of dy . It means the	ring, e.g.,		(A) IMMEDIATE (DUE TO, OR		ontaneous UENCE OF:	subar	achnoid	BETW	PROXIMATE II	
DISEASES O RISE TO THE UNDERLYIN	ABOVE CA	ONS, IF AN' USE (A) STA ION LAST.	Y, GIVING TING THE		(B) DUE TO, OR	AS A CONSE	QUENCE OF:					
OTHER SIGNI TO THE DEAD DISEASE OR O	TH BUT NOT	RELATED TO	THE TERM	INAL					************			******
20A. DATE OF	OPER ATIO	20B. CO	NOITION	FOR WHI	CH OPERATION W	AS PERFORM	ED	TO V		YES	PSY? (Yes (Hea	
22A. EXTERN UNDERLYING UTING CAU		TRIB-		22B. PLAC	E OF INJURY(e.g., n, foctory, street, office	in or obout 2 e bldg., etc.)	2C. WHERE DID NJURY OCCUR?	(If in Boltimo	re City, give exc		(1100	
22D. TIME (A OF INJURY (APPROX.)		oy) (Yeo	r) (Hou	m. WHILE		WHILE 2	2F. HOW DID IN	JURY OCC	UR?			=4.4
ACTUAL SIGNATU EXAMINE NAME (Ty	R'S W	Oslo	nquiry (Accid	pection Au ent Suicio	de Ho	ond that on some cide Chief Medical STANT MEDICAL SCIATE MEDICAL	Undetermi EXAMINER EXAMINER EXAMINER	ned manner [date sig	:NED
4A. BURIAL CREM EMOVAL (Specify		4B. DATE		74C. N	AME of CEMETERY	ar CREMATO	DRY 24D.	LOCATION	(City, town	, or county	(St	ote)
Burial	1	6-25-	1969	M	t. Carmel		E	altimo	re, Mary	rland		
SA. DATE REC'D	BY HEALTH				REGISTRAR	25C. I	UNERAL DIRECT			DDRESS		
			2 2 0		Jaben M		lly & Zei			1-07 E	aster	a Ave.

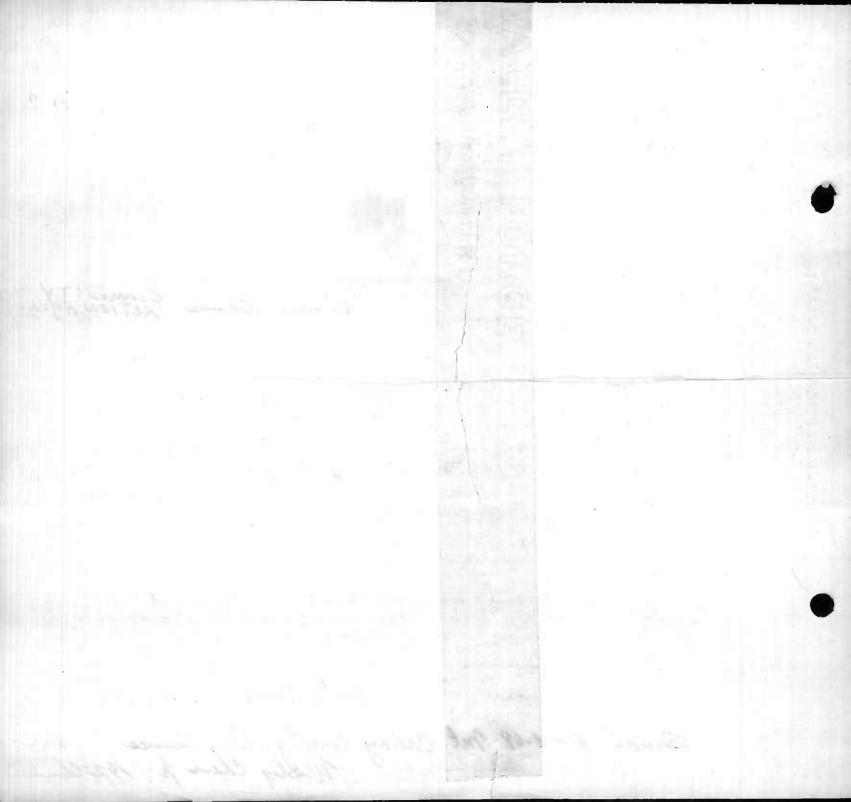
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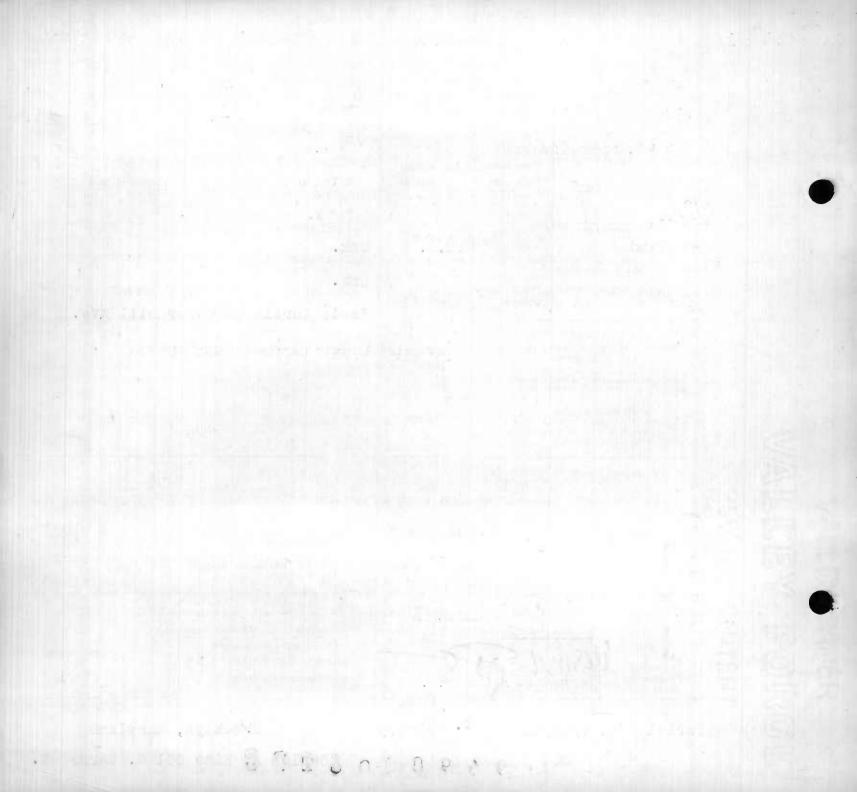
BALTIMORE CIT	Y HEALTH DEPARTMENT 69 6286					
69 6280 CERTIFICA	ATE OF DEATH REG. NO.					
BIRTH NO.	2. DATE AND HOUR OF DEATH					
1. NAME OF DECEASED	1 6-					
FRANK N.C.CO	4. USUAL RESIDENCE Where deceased lived. If institution: residence before admission)					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY					
THE NAME OF THE PROPERTY OF TH	Med 13-02					
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?					
	Rabicuor YES INO					
Water SATO. CHEN. TOPP, TAC	E. STREET AND NUMBER					
A Ax a line	Light Street 120					
SALTO, Med. Journey-law	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.					
S. SEX 6. RACE 7: MARRIED - NEVER MARRIED	Months Days Hours Min.					
WID OWED DIVORCED	1200					
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
done during most of working life, even if retired)	2)					
	14. MOTHER'S MAIDEN NAME					
13. FATHER'S NAME	19. MOTHER 3 MAINDER HAME					
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS					
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	COMMON TO					
	Vinan Davis ACTION AGENCY					
CAUSE OF DEA	BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY	11:0					
LEADING TO DEATH	AUSE Carcinary en 601, Su Duin					
(This does not meon the mode of dying, e.g., DUE TO OR A	S A CONSEQUENCE OF:					
heart failure, osthenio, etc. It means the disease						
ANTECEDENT CAUSES	throscletotic CUDIS. Years					
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR	AS A CONSEQUENCE OF:					
nise to the above cause (A) stating the						
UNDERLYING CONDITION IOSI. (C)						
	1. 0 27 -1.					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTINGS TO THE DEATH BUT NOT RELATED TO THE TERMINAL	Of Strike no (R) 100 / 100 /					
4. ▼ DISEASE OR CONDITION GIVEN IN PART 1 (A).	9 9					
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Gargane Color	20 A. AUTOPSY? (Yes of No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
Gargane Co he	2					
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.gl	, in or obout 21 C. WHERE DID (If In Baltimore City, give exact location) office bldg, INJURY OCCUR?					
OR CONTRIBUTING CAUSE OF home, form, foctory, street, etc.)	onice orage, INJOK! OCCOR!					
D 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
White At Not Work Not Work						
22. I certify that (I) (this haspital) attended the deceased from	5-29 105 to 5-20 100					
	19 and that in(my) (aur) apinlon death accurred on the date					
and hour and fram the couses stated above. (I) (We) (did) (did nat)	view the bady after death.					
and hour and fram the couses stated above. (I) (We) (did) (dld nat) 23A. SIGNATURE A	23 B. DATE SIGNED					
	thending Med. Staff Flys. Staff Flys. Staff					
23C. PHYSICIAN'S	23D, ADDRESS					
NAME ITYPE BALLANN US	forthe Baltimon Sunt to sp. the					
23C. PHYSICIAN'S NAME ITYPE BRUNANION, 24B. DATE 24C. NAME of CEMETERY of C	EE CONTRACTOR OF THE CONTRACTO					
	REMATORY 24D. LOCATION (City, town, or county) (Stote)					
Bursh 6-10.69 mit 10.	will be attend the Be in And					
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS					
MIN 23 1969 Robert E. Jarben M.B.	11/ Alay Chew h. 16228/ 100					
COULT NO 1000	VII was for your for Moundan					



69 6287 BALTIMORE CITY HEALTH DEPARTMENT

			69 _E	628	31	AMINER'S			DEATH		69	628	7
BIE	RTH NO.		/*\L	DICA	LLX	AMIITERO	-LIVIIIII	LATE OF	PLATTI	REG. NO			_
1.	NAME OF DEC	EASED					2. DATE	Known 🔲	Month	Doy	Yeor	Hour	
(Ту	Pe or Print)	AM			CII	RTIS	OF DEATH	Estimated 🔯	June	20,	1969	5:45	Δ.,
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						3. DATE		Month	Doy	Year	Hour	ENM.	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)						NCED DEAD	June	20.	1969	12:35	P.		
	INSTITUTION	700					5. USUAL RE	SIDENCE (Where	deceosed live	. If institution	residence b		The state of the s
0	310 1	N. Fre	mount	Avenu	e		A. STATE Maryl	and	В.	COUNTY	1	8-0	1
6.	SEX	7. RACE		B. MAR	RIED 🗌	NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?						
	male	ne	gro		WED 🗌	DIVORCED [Baltimore YES K NO						
9.	DATE OF BIRTI	Ĥ	10.AGE			er 1 Yr. If Under 24 Hrs.	E. STREET A	ND NUMBER					
7	/3/06		lost birthe		Months	Days Hours Min.	310	N. Fremo	nt Aver	1110			
_	BIRTHPLACE (S	State or fore			12. CII	IZEN OF	13. FATHER'S		LIC ZIVCI	iac			_
	Marylan				W	HAT COUNTRY?							
			ive kind of wa	1148. KINI	D OF BI	U.S.A. JSINESS OR INDUSTR	Unk.	'S MAIDEN NAM	F				
don	e during most of w	vorking life, e	ven ifretired	3)	0, 0,	5511 1255 OK 111 1505 1K		- MAIDEN NAME					
17	WAS DECEAS	ED EVED IN	LILC ADA	FD FORCE	co II	7 500141	IB. INFORM	ANIT		AF	DRESS		
(Y 9	na ar unknawn)	(If yes, give	wor or dote	s of service	0)	7. SOCIAL SECURITY NO.							
								Curtis	4220	Furnh		ve.	
	19.4-12	214-1				CAUSE OF DEA	тн					PROXIMATE INTI EEN ONSET ANI	
	DISEAS	E OR CON	DITION DI	RECTLY		Arterios	scleroti	c Cardiov	ascular	Disea	SA		
		LEADING 1				(A)IMMEDIATE		o dararov	abcatat	Dioca	30		
	(This daes n heart failure injury or con	, asthenia, e	tc. It meons t	he diseose,		DUE TO, OR	AS A CONSEQU	JENCE OF:					
2	DISEASES O	E ABOVE C	TIONS, IF A	TATING THE		(B)(C)	AS A CONSEC	DUENCE OF:					
2			li .	111									
CERTIFICATION	OTHER SIGN TO THE DEA DISEASE OR	ATH BUT NO	T RELATED 1	O THE TERM	MINAL								1000 crop crop crop crop crop crop crop crop
RT	20A. DATE OF					HICH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes ar	No)
S	0											NT -	
4	22A. EXTER	NAL CAUS	E WAS		22B. PL	ACE OF INJURY(e.g.,	in or about 22	C. WHERE DID (If in Boltimore	City, give exp	ct location)	No	_
EDIC	UNDERLYING UTING CA	OR CO	NTRIB-		hame,	farm, factory, street, offic	e bldg., etc.) IN	JURY OCCUR?		.,,,			
Σ	22D. TIME			ear) (Ha	ur) 22E	INJURY OCCURRED	22	F. HOW DID INJ	URY OCCUR	?			
	OF INJURY (APPROX.)				m. WH		WHILE WORK	3					
	23.				111.] ***	AI Y	TORK L	*					
	I cert	tify that I	held an	Inquiry		Inspection X Au	tap sy	and that on th	Is basis, de	eath in my	apinion		
	resul	ted fram:	Natural co	ouses X	Ace	cident Suici	de 🗌 Ho	micide 🗍 👢	Indetermine	d manner	7		
		1.7						HIEF MEDICAL E					
	ACTUAL	10.0	PMX	1	~	0	ACCIO	TANT MEDICAL E				DATE SIGN	ED
	SIGNATI	ν	VIIV		8.1	M.C).			7	6	/20/69	
	EXAMIN NAME (1	Гуре)	Werne		17	a, M.D.		CIATE MEDICAL E					
	A. BURIAL CRE/ MOVAL (Speci		248. DATE		24C.	NAME of CEMETERY	ar CREMATO	RY 24D. L	LOCATION	(City, tawn	, ar caunty)	(State)
	Burial	1	6/25	/69	IV.	t. Calver	7	B	rookly	n. Ma	rylar	nd	
25	A. DATE REC'D	BY HEALTH	DEPT.	258. 1	NAME C	OF REGISTRAR		UNERAL DIRECTO	OR .	A	DDRESS	FIE	
		JUNA	3 196	9	12 B	For One	O CI	neples A	Rice	661	W. Be	rre S	t.

VS 151-REV. 1/1/68



F-625 CE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 69	UlsvO								
NAME OF DECEASED									
(Type or Print)	Haur								
OLL TE TRYSON PRYSON DEATH Estimated	М								
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Doy Year PRONOUNCED DEAD A. C.	Hour								
HOSPITAL ADDRESS OR LOCATION) June 19, 1969	8:43 P. _M								
STIFFICATE AMENDED - 6/23/6. USUAL RESIDENCE (Where deceased lived. If institution: residence be A. STATE University Hospital Maryland	fore admission)								
6. SEX 7. RACE B. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMITS?									
male negro widowed□ divorced□ Baltimore yes 🗓 N	10 🗆								
9. DATE OF BIRTH 10. AGE (In years If Under) Yr. If Under 24 Hrs. E. STREET AND NUMBER									
Apr. 1. 1932 37 Months, Doys, Hours, Min. 832 Vine Street									
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME									
Sumter, S.C. WHAI COUNTRY?									
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME									
done during most of working life, even if retired)									
COT&									
West and the Mark the Company Alexander of the									
210 30 Hustosa Flyson, 221 No Fromt A	V.O.								
	ROXIMATE INTERVAL EN ONSET AND DEAT								
DISEASE OR CONDITION DIRECTLY Gunshot Wound of Head									
LEADING TO DEATH (ANIMMEDIATE CAUSE									
(This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:	100000000000000000000000000000000000000								
injury or complication which coused death.)									
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	> + + + + + + + + + + + + + + + + + + +								
UNDERLYING CONDITION LAST. (c)									
CC) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOP									
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOP	SY? (Yes or No)								
6/19/69 insertion of endotracheal tube	Yes								
22A. EXTERNAL CAUSE WAS UNDERLYING AOR CONTRIB. UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location) alley home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 11ey rear of 1033 W. Lanvale Street									
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURED 22F. HOW DID INJURY OCCUR?									
OF INJURY (APPROX.) 6/19/69 7:29 P. m. WHILE AT NOT WHILE Shot during altercation 23.									
I certify that I held on Inquiry 🗌 Inspection 🔲 Autopsy 🏌 ond that on this bosis, deoth in my opinion									
resulted from: Notural causes Accident Suicide Homicide X Undetermined manner									
CHIEF MEDICAL EXAMINER									
ASSISTANT MEDICAL EXAMINER IX	DATE SIGNED								
SIGNATURE M.D.	/20/69								
EXAMINER'S Werner U. Spits, M.D. ASSOCIATE MEDICAL EXAMINER (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county)	(State)								
REMOVAL (Specify) Burial 6 25 1969 Beltimone Note: Baltimone Note: Baltimone	(Sidie)								
25A. DATE RECID BY HEALTH DEPT 25B. NAME OF REGISTRAR 2 25B. PUNERAL DIRECTOR ADDRESS	0.4								
VS 151-REV. 1/1/68	rrist								

6/23/69 - Correction form from funeral director.

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VS 151-REV. 1/1/68

69 6290 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH NO 69 6290

BIRTH NO.		MILD	ICAL	LAAMII	ALK 5	LKIIII	CAIL		LAII	REG. N	0		-00	
1. NAME OF DEC	CEASED	HAYW	OOD J	ONES		2. DATE OF DEATH	Known [June	Doy 18,	1969	or Ho	ur	м.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION					3. DATE Month Doy Yeor Hour PRONOUNCED DEAD June 18, 1969 5:40 P.M. 5. USUAL RESIDENCE (Where deceased lived. Il institution: residence before admission)					P _M				
904 Harlem Avenue					A. STATE	Maryla			COUNT		6	-0	/	
6. SEX Male	7. RACE Negr	о .	8. MARR	IED NEVER	MARRIED X	C. CITY OF	TOWN Baltim	ore	(D. INSIDE	CITY LIMIT			_
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.					E. STREET	904 Ha		Avenu	ıe	4E2 []	NO			
N.C.	Stole or forei	on country)		12. CITIZEN O		13. FATHER	'S NAME							
done during most of Laborer	JPATION (GIV working life, ev	e kind of work l en ifretired)	4B. KIND	OF BUSINESS	OR INDUSTRY		r's MAIDEN Jones	NAME		1				
16. WAS DECEAS					AL RITY NO.	18. INFOR	MANT Le Jones	s, 1	338 Wa	lnut	ADDRESS St.			
(This does in heart foilure injury or con DISEASES RISE TO TH UNDERLY!!	Mypertensive cardiovascular disease (This does not meen the mode of dylng, e.g., heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) Hypertensive cardiovascular disease (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF: (C)													
C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20 A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED							DID ///	(- Q-)h/	City			(Yes or	No)	
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or obout 1 INJURY OCCUR? CAUSE OF DEATH. DOT WHILE AT WORK DOT WHILE AT WORK								ED						
24A. BURIAL CRE REMOVAL (Spec Buria	ify)	6/27/69	9		hapel C			24D. LC N.	C.	(City, to	own, or cou	inty)	(Stote)
25 A. DATE REC'D	BYTHEALTH	23 198		AME OF REGIS			FUNERAL DI			,322	ADDRESS E Cab		s St	. N.C

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DIRECTOR:



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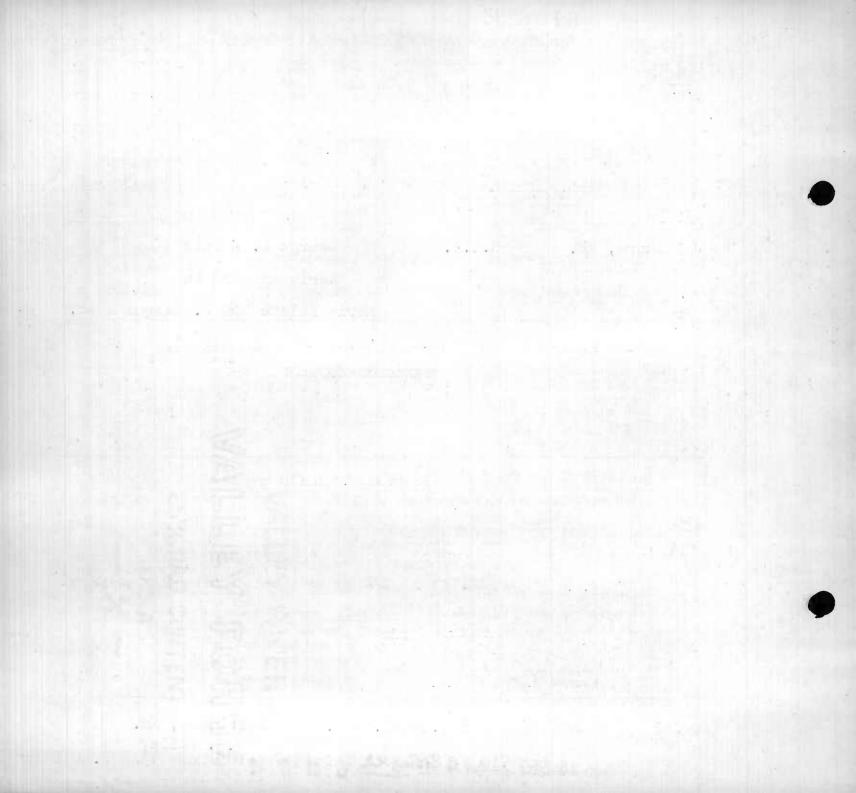
BALTIMORE CITY HEALTH DEPARTMENT



69 6293 BALTIMORE CITY HEALTH DEPARTMENT

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69	6293

BIE	TH NO.		MEDICAI	LEX	CAMINER'S	EKIIFI	CATE OF	DEAT	H REG. NO				
1.	NAME OF DEC	EASED				2. DATE	Knawn 🗌	Month	Day	Year	Haur		
(1y	SHIRLEY	7		WIN	NTERS	OF DEATH	Estimoted 🔀					М.	
4.			AND, WHERE P			3. DATE		Month	Doy	Year	Hour	,	
	L NAME OF		HOSPITAL OR INS	TITUTIC	N, GIVE STREET	PRONO	UNCED DEAD	June	15.	1969	2:	30P M.	
OR	INSTITUTION	ADDIKESS	OKTOCAHOTY				ESIDENCE (When	e deceased liv	ed. If institution				
1	Mercy	Hospital				A. STATE M:	aryland		B. COUNTY	4	-0	1	
6.	SEX	7. RACE		PIEDE	NEVER MARRIED	C. CITY OR			D. INSIDE CI	TY LIMITS?			
	female	negro		46	DIVORCED	B:	altimore		V	s XX	NO 🗆		
9.	DATE OF BIRTI	1 10	.AGE (In years	If Un	der 1 Yr, If Under 24 Hrs.		AND NUMBER		1 10	3 45.24	140 🗀		
	3/5/38	los	st birthday) 31	Mont	ns Days Hours Min.		200 N A +	cauith	Stroot				
11.		tole or foreign c		12. C	ITIZEN OF	13. FATHER	200 N. Ai	squitti	Street				
				TT W	HAT COUNTRY?		eorge E	Kole	ic				
144	DOT OTHIC	ore, Md.	od of work 148, KINI		USINESS OR INDUSTRY) I C				
		orking life, even i		0, 0					100				
14	WAS DECEASE	ED EVER INITIE	. ARMED FORCE	62	17. SOCIAL	18. INFOR	arie Ri	charus		DDRESS			
	s, no or unknown)		ar dates of service		SECURITY NO.			200 1			C+		
-	NO						Kelsic	200 1	N. Also		PROXIMATE I	NITEDWAL	
	19. 9	291X			CAUSE OF DEA	IH					EEN ONSET		
	DISEAS	E OR CONDITIO	ON DIRECTLY		Hemoperi	toneum	due to L	acerati	on of				
н	4 .	LEADING TO DE			(A)IMMEDIATE C	AUSE		•					
	(This does not mean the made of dying, e.g., heart foilure, osthenio, etc. It meons the disease,												
	injury or camplication which caused death.)												
	ANTECEDENT CAUSES (8)												
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE												
7	UNDERLYING CONDITION LAST.												
Q		11		-	(0/								
K		IFICANT CONDIT	TIONS CONTRIBU		-	. 1 .							
E E			LATED TO THE TERM		Fatty	Altera	ion of t	he Live	r				
CERTIFICATION	20A. DATE OF	OPERATION 2	08. CONDITION	FOR	WHICH OPERATION W	VAS PERFORMED 21.				21. AUTO	. AUTOPSY? (Yes or No)		
Ö	0										Yes		
I₹		NAL CAUSE WA		228.P	LACE OF INJURY(e.g.,	in or about	2C. WHERE DID	(If in Baltima	e City, give exc	ct lacation)	100		
MEDIC.	UNDERLYING	OR CONTRIBUSE OF DEATH.	В-	hom e	form, factory, street, office doorway	e bldg., etc.)	616 Ens	or Stro	ot .	5-01			
X	22D. TIME	(Manth) (Day)		r) 22	E.INJURY OCCURRED	(3)	2F. HOW DID I	JURY OCCI	JR? IInkno	r.m	Subj		
П	OF INJURY	2/25 P.M	i. 6/15/6	SO W	HILE AT NOT	WHILE	found un					•	
	23.	.2/23 F.F.	1. 0/15/0	m.įw	ORK L.J. AT W	ORK LX	200110 011	00110020	45 011 5	Labital			
	I cert	ify that I hold	on Inquiry		Inspection Au	tapsy X	and that on	this bosis,	deoth in my	opinion			
	result	ed from: Natu	ral causes	A	cident Suicio	le H	omicido 🗆	Undatermi	nod mannor	7			
CHIEF MEDICAL EXAMINER													
	ACTUAL	11118	MALL	11	DE .	ASS	STANT MEDICAL		k		DATE SIG	NED	
	SIGNATI		LE SI		M.D		CIATE MEDICAL				6/16/	69	
	NAME (1	/ / /	ner U. Si	itz	M.D.	M33(CIAIL MEDICAL	CAMMINER			0/10/	0,	
24	A. BURIAL CRE	MATION, 248.	DATE	240	. NAME of CEMETERY	or CREMATO	DRY 24D	. LOCATION	(City, towr	n, or county)) (St	ate)	
	MOVAL (Specification)		/20/69	B	alto. Natl	. Cem.	F	Baltime	ore, Mo	d.			
		BY HEALTH DEP			OF REGISTRAR		FUNERAL DIREC						
						1000					Co	Thous	
-		HIM S	2 3 1969	Liabi	B & Jaiber 1	Le lie	lson Fur	reral	nome 1)40 N	. va.	LIIO UI.	



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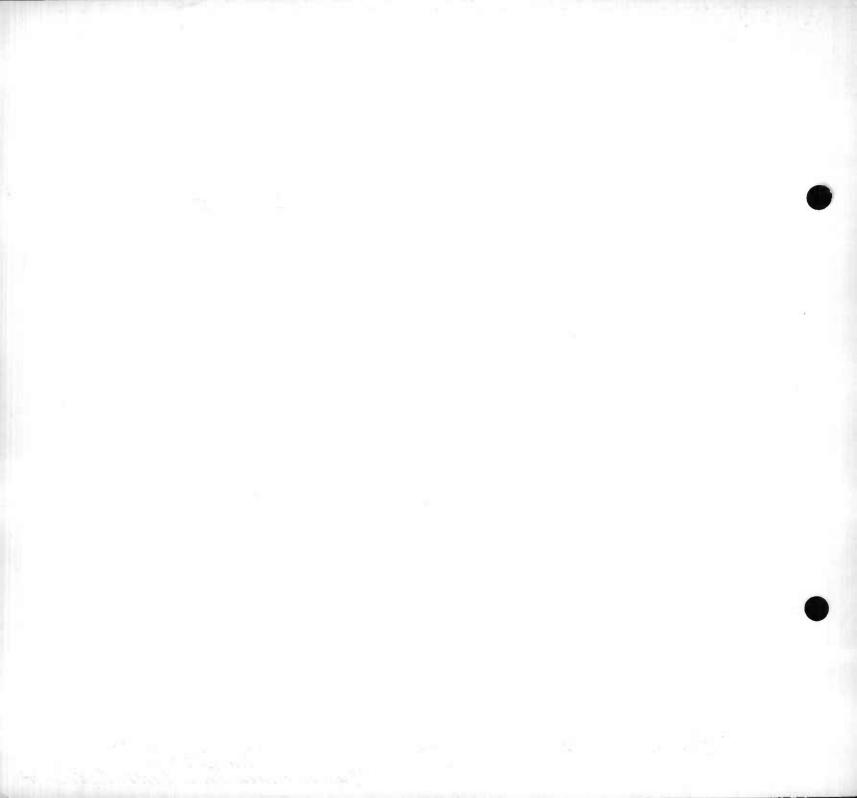
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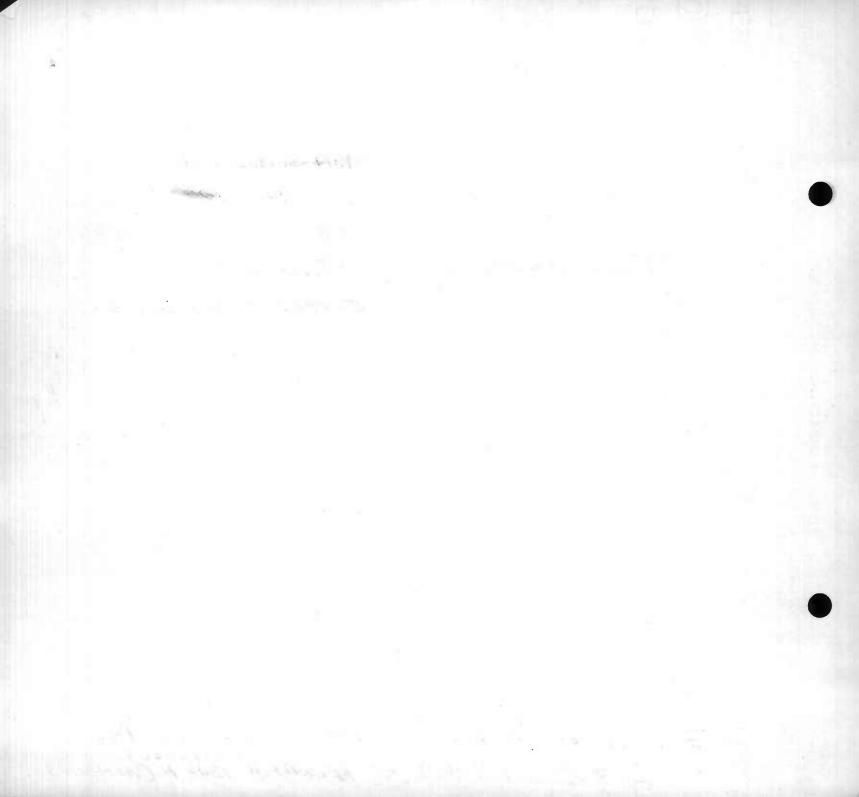
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hospital



	69 6295 BALTIMORE CI	ITY HEALTH DEPARTMENT	000					
		ATE OF DEATH REG. NO. 69	6295					
Туре	or Print) Ames Harris	2. DATE AND HOUR OF DEATH	140 300					
3. PL	ACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institutions,	residence before admission					
FULI HOS INST	L NAME OF PITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN By Hunge YES [X	15-01 LIMITS?					
0	University Hospital	E. STREET AND NUMBER						
5. SE	X 6. RACE 7. MARRIED NEVER MARRIED							
[]	M WIDOWED X DIVORCED	12/14/07 last birthdoy	er l Yr. II Under 24 Hrs. Days Haus Min.					
10A, L	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OF INDUST	RY 11. BIRTHPLACE (State or foreign country) 12. CIT	TZEN OF WHAT COUNTRY					
	during most of working life, even if rettred)	5.0.	UJA					
13. FA	ATHER'S NAME	14. MOTHER'S MAIDEN NAME	0 374					
15. W	es Deceased Ever in U. S. Armed Farces? 16. SOCIAL	17. INFORMANT (Non Wett	400000					
(res, n	as ar unknown) (If yes, give wor ar doles of service) SECURITY NO.	DAU Loca James 7	17 Curpealant					
18	S. // 3 3 CAUSE OF DEA	ATH	APPROXIMATE INTERVAL					
	DISEASE OR CONDITION DIRECTLY							
c	LEADING TO DEATH This does not meen the mode of dying, e.g., (A) IMMEDIATE C. DUE TO OR A		, 2 mints					
l lh	leoil (oilure, osthenia, etc. Il means the diseose, njury ar complication which caused deoth.)	S A CONSEQUENCE OF:	***************************************					
	ANTECEDENT CAUSES	/typentension	Carren 1					
2	DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	AS A CONSEQUENCE OF:	Sevens yen					
0	se to the abave cause (A) stoting the INDERLYING CONDITION last, (C)							
ATION	THER SIGNIFICANT CONDITIONS CONTRIBUTING OF THE DEATH BUT NOT RELATED TO THE TERMINAL							
	ISEASE OR CONDITION GIVEN IN PART 1 (A). A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION	1501						
	WAS PERFORMED	20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS IN CERTIFTING CAUSES OF	CONSIDERED DEATH?					
CAL	A. ACCIDENT WAS UNDERLYING 218, PLACE OF INJURY (e.g., home, form, factory, street, etc.)	in ar obout 21 C. WHERE DID office bldg. INJURY OCCUR?	re exact location)					
I W I C	D. TIME (Month) (Day) (Year) (Haur) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
	PPROX.) While At Wark At War							
22	. I certify that (I) (this haspital) attended the deceased from	1 1						
	to the same of the	/ 5	16 19 65					
	·	the first in (m), (out) opinion dec	Ih accurred on the dote					
22	nd hour and from the couses stated obove. (I) (We) (did) (did not)	view the body ofter deoth.						
	/ 1// 4 1 / /	the state of the s	E SIGNED					
20	necess Ph		10/69					
23	C. PHYS/CIAN'S! NAME 17 891	23 D. ADDRESS	1					
24A. B	JURIAL CREMATION, 24B. DATE 24C, NAME OF CEMETERY OF CO		/ security (State)					
D	EMOVAL (Specily)	A - 1/3	or county) (Stote)					
25A, E	SATE REC'D BY WEATHOPPTYDC (258, MAINE OF REGISTRAR	Com. Betterout his	Υ					
	JUN 23 1965 Table & E. Jabe, M.D.	25C. FUNERAL DIRECTOR / R. K. L. L. L. S. S. P.	ADDRESS					
V\$ 150	0-REV. 1/1/68	THE PARTY PROPERTY / JOHN 61/3/C/	. Clifkluga A					





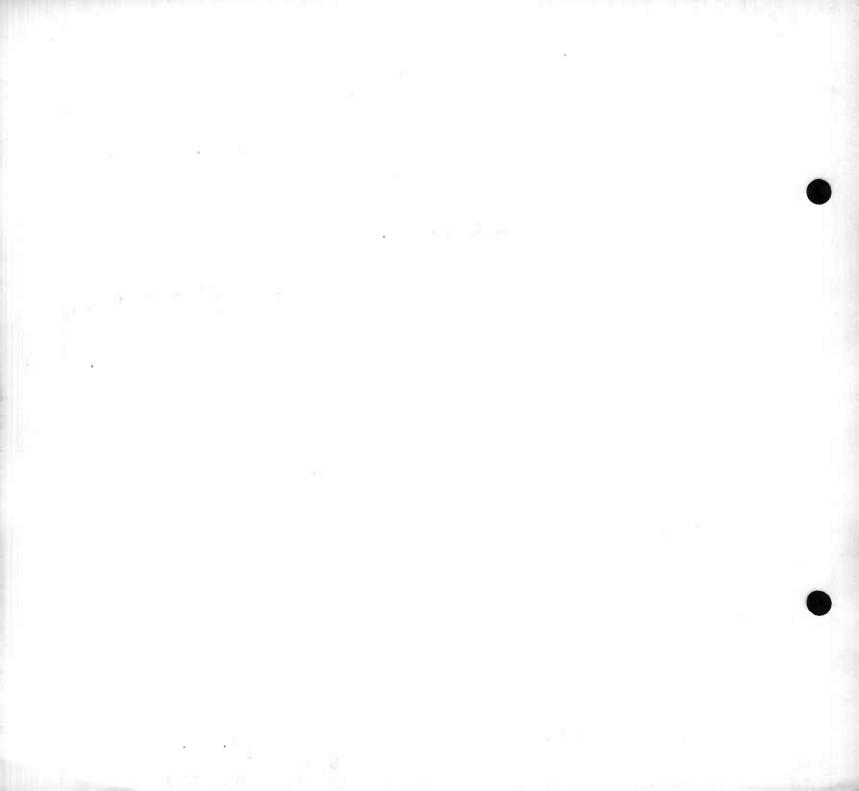
BIRTH NO. 69	6907	ATE OF DEATH	Registered No. 65	6297				
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) COATES			D HOUR OF DEATH	1 8-2-1				
3. PLACE OF DEATH IN BALTIMORE, MA FULL NAME OF (If not in hospitol oddress or locotion institution)	RYLAND or institution, give street	Baltimo	e deceased lived. If institution in the record in the reco	19-01				
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	1311 -W. M	Julberry &	4. Under 1 Yr., Il Under 24 Hrs				
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)	WIDOWED, DIVORCED (specify)	12-13.86	ost birthday! M	onths Doys Hours Min. 2. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ΛE					
15. Was Deceased Ever in U. S. Armed For (Yes, no or unknown) (III yes, give wor or date	16. SOCIAL SECURITY NO. 2/2/4/116/	17. INFORMANT	He Lie	ADDRESS				
DISEASE OR CONDITION DIR LEADING TO DEATH (This does nal mean the made of heart failure, asthenia, elc. Il means injury ar camplication which coused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if itse la the above cause (A) UNDERLYING CONDITION last.	dying, e.g., Ihe disease, dealh.) (B) DUE TO	ebydration (Decubitm	ner momo	INTERVAL BETWEEN ONSET AND DEATH				
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING I	TED TO THE	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIND	NINGS CONSIDERED				
198. CON WAS PERI	ORMED		IN CERTIFYING CAUSES	S OF DEATH?				
OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	21B PLACE OF INJURY (e.g., home, lorm, factory, street, etc.)	lifice bidg., INJURY OCCUR?	tii in bollimore Ci	ly, give exact location)				
21 D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	(Hour) 21 E. INJURY OCCURRED While At Not White Work At Wark		JRY OCCUR?					
that (1) (we) last saw the decease	22. I certify that (I) (this hospital) attended the deceased from 1965 to 6/21 1965 that (I) (we) last saw the deceased alive an 6/21 6/5 19 and that in (my) (aur) apinlan death accurred an the date and haur and from the causes stated above. (I) (We) (did) (did not) view the bady after death.							
Sucud 23C. PHYSICIAN'S NAME (Type) SURIN	M.D. AH	ending Med. s. Director 23D. ADDRESS	Stoll Phys.	6/21/69				
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME OF CEMETERY OF CR AFBUTUS Mem.	PK. 25C. FUNERAL DIRECTOR	butus Ma V. R. Baile	own, or county) (State) y land ADDRESS				
JUN 2 3 196	y vicociase, vicoci, 1.	Kason PH	1348 N.	Calhoun JX.				



B	-534	69 - 6299 CEDITIES ATE OF DEATH REG NO 69 6299
	7007	BIRTH NO. 69 6299 CERTIFICATE OF DEATH REG. NO. 69 6299
	of death of death Deceased o on the	I.NAME OF DECEASED.
	- 0 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	type of rhini
	se of (5) Dec ance o	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
	Sp ()	A. STATE B. COUNTY
		FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION ID. INSIDE CITY LIMITS?
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		INIUTROLINOF MARYLAND BESTEET AND NUMBER
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	occur ontrib ermin regul eased is ma	MARKIED NEVER MARKIED 1 NEVER MARKIED 1 Never 1 Nonder 1 Tr. 11 Under 24 His
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	EOF OF	done during most of working life, even if refired)
	E. C. D.	1 aborese temang MANUKA MARYTAND USA
	if de ect o 4) Un was the sposit	13. FATHER'S NAME
-	200	William Banton (Annie 1)zal
Z	stant te dir ind; (eath e on	15. Was Deceased Ever in U. S. Armed Forces? 116 COCIAL 17 INCOMPANY
T	ssistant the di kind; death ince on final di	(Yes, no or unknown) (1) yes, give wor or dotes of service) SECURITY NO.
K	fin dy f	18. CAUSE OF DEATH
IMPORTANT	or his assist Also, if the of any kin nounced de attendance	BETYGEN ONSET AND DEATH
Z	So to	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
-	er. Also cture of pronoun lar atte	(This does not meon the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:
ò	Par par	heort foilure, asthenia, etc. It means the disease, injury or complication which coused death.)
ō	- E B - E	ANTECEDENT CAUSES
5		DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:
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DIRECTOR:	7 7 7	UNDERLYING CONDITION last. (C).
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AL	medical edical burns; hysicie n was remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN OUT A CALL TO THE TERMINAL TO T
2		The state of the s
Ž	chief Body the pysicie	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
5	o you and o	U 21A ACCIDENT WAS UNDERLYING 1218 PLACE OF INTHEY (on its charmalized WHERE DID.
11.		U 21A ACCIDENT WAS UNDERLYING 21B PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?
	ne (Sp trop	OF INJURY
	the hosping natural na	While At Not While At Work
	the the my n and and obtain	22. I certify that (N) (this hospital) attended the deceased from 1969 to 1969
	00000	that (W (we) last saw the deceased alive on 617 1969 and that in (my) (our) opinion death accurred an the date
	d to the total	ond hour and from the couses stated above. (1) (We) (did) (did nat) view the body ofter death.
	inst be a leased to ident of hospital o death)	23A. SIGNATURE
	30.22.	Attending Med, Sheff M
	releacci	DEGREE TO DEGREE TO DESCRIPTION OF THE PARTY
	was r An a L at o prior	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS
		24A BURNES OF ANTE TORY OF ORDER UNIVERSITY OF WOUNGARD OF
	F-40 0 5	24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (Gity, town, of County) (Stotel
		Bureal 621-61 MY Ull treen (Em (Kallo) max
	This certif the body shows: (1) was D.O./ deceased written a	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C FUNERAL DIRECTOR ADDRESS
	₹42303	JUN 23 1969 word E. Jaiber, M.D. Wayner Jandere 217 E. Treston S
		VS 150-REV. 1/1/68

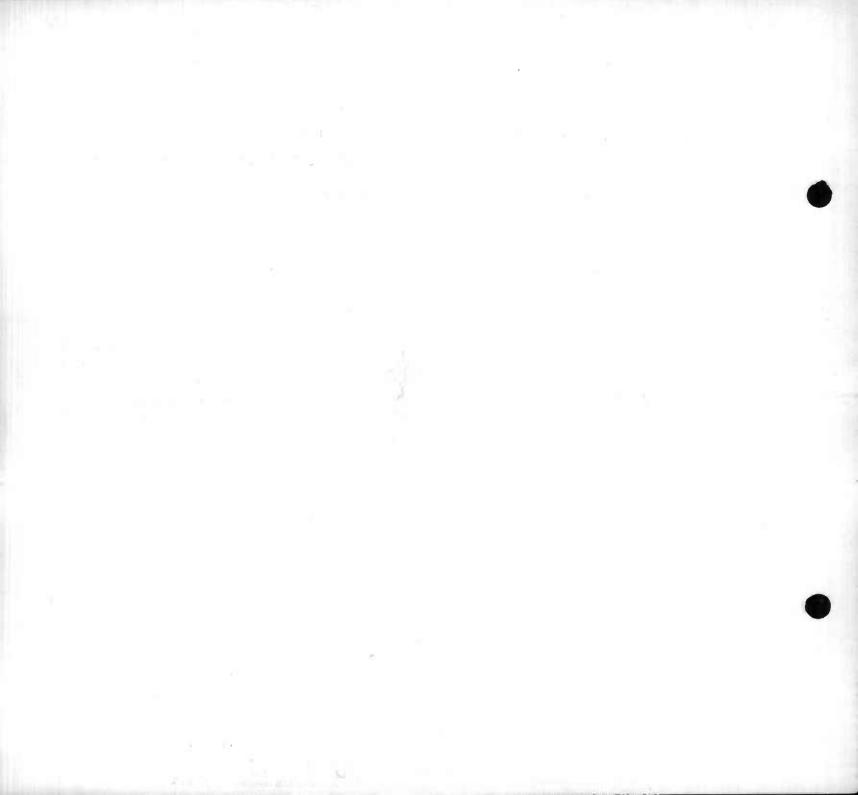


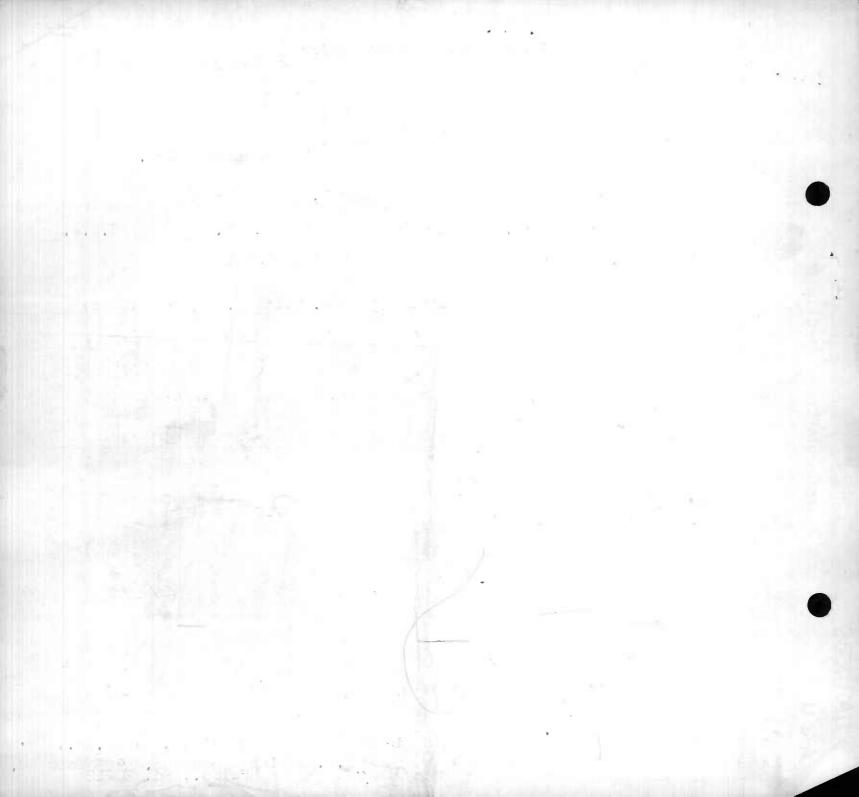
1/	BALTIMORE CI	TY HEALTH DEPARTMENT							
2.6	BIRTH NO. 69 6300 CERTIFIC	ATE OF DEATH REG. NO. 69 6300							
Such	1. NAME OF DECEASED (Type or Print) We will be a company to the c	2. DATE AND HOUR OF DEATH							
eath.	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	6-19-69 2 :500 A M. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)							
0 0	FULL NAME OF AF NOT IN HOSPITAL OR INSTITUTION CIVE STREET	A. STATE B. COUNTY 7-02.							
0	HOSPITAL OR ADDRESS OR LOCATION)	C, CITY OR TOWN D. INSIDE CITY LIMITS?							
prior	CHURCH HOME + HOSDITA	E. STREET AND NUMBER 2421 E. Monument Street #6							
de.	CHURCH HOME + HOS BITAZ 100 N. Broad way, BALTD, 21231	36 P. C. C. W. Street #0							
on the deceased I disposition is mad	5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	" O .							
n is	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRI	17 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
i i o	MILE NULCE Johns Hopkins Hosp	OHID U.S.A.							
pos	13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
dis	15. Was Deceased Ever In U. S. Armed Forces? 16. SOCIAL	JESSIE WATKINS							
חמן	(tes, no or unknown) Ut yes, give wor or dotes of service) SECURITY NO.	Jessie Garrity-mother,							
or fi	18. CAUSE OF DEA	Jay Mindate Avenue 21214							
med or fina	DISEASE OR CONDITION DIRECTLY								
alm a	LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) IMMEDIATE CA								
e m ba	heori failure, aslhenia, etc. It means the disease, injury ar camplicolian which caused death.)								
9 9	ANTECEDENT CAUSES	losis, liver							
s are	DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stating the								
	UNDERLYING CONDITION last, (c)								
the remain	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) O WEY DOD WOOD USED WO SO 1 OFT								
he re	DISEASE OF CONDITION GIVEN IN PART 1 (A). 1994 DATE OF OPERATION 1998 CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or Noll 20B. IF YES, WERE FINDINGS CONSIDERED							
ore ti	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?							
	OR CONTRIBUTING CAUSE OF home, form, fociary, sheet,	In or about 21C. WHERE DID (If in Baltimore City, give exact location)							
	O 21D.TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?							
btained	OF INJURY (APPROX.) While At Not White Work Work At Work	ie C							
0	22. I certify that (i) (this hospital) attended the deceased from 6-17-69 19 to 6-19-69 19								
be	that (i) (we) last saw the deceased alive an 6-(7-69	and that in(my) (aur) apinion death accurred on the date							
m ust	and haur and from the causes stated abave. (1) (We) (did) (did nat)	view the bady after death.							
-	Micado M. I wonen Mil Am	ending Med. Stoff 7							
prov	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS							
approv	24A- BURIAL CREMATION, 24B. DATE 24C, NAME OF CEMETERY OF CR	D 100 N. BROHUMY ST.							
ue	Burial 6/23/69 Oak Lawn Cemet	EMATORY 24D. LOCATION (City, town, or county) (Stote)							
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR							
- 11	15 150-REV. 1/1/68 JUH 23 1999 1 Robert & Farber M.	3331 Brebme Lone 27213							

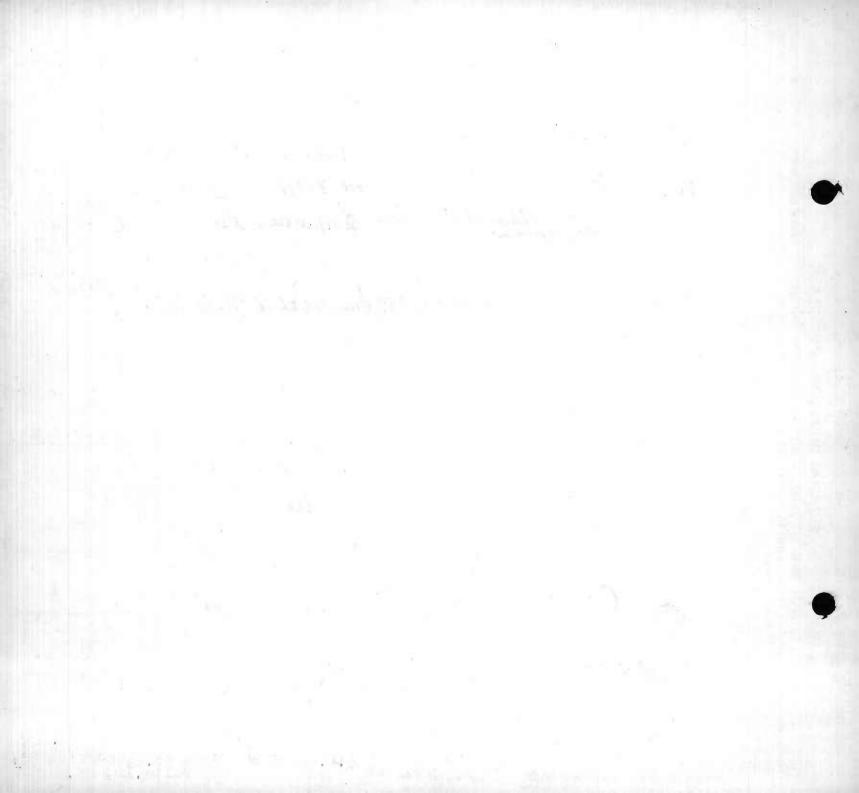


VS 151-REV. 1/1/6B

			69	63	BALTIMORE CITY HE	ALTH DEPAR	RTMENT			0.0	00	0.2
BIR	THNO. Ba	lto-lo	MED	ICAL	EXAMINER'S	CERTIFIC	CATE OF	DEATI	H REG. NO.	69	63	Ul
1. (Typ	NAME OF DEC	EASED	RICHAR	GRO GRO	SS, JR.	2. DATE OF DEATH	Known K	Month June	Doy 19,	1969	Hour	М.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION					3. DATE PRONOL	JNCED DEAD	Month June		1969	10:55	A.M.	
			rial Ho	spita	1 (DOA)	A. STATE	Maryland		B. COUNTY	8	-31	,,,,,,
	Male	7. RACE Whi		WIDOW		C. CITY OR	Baltimor	ce	D. INSIDE CIT		vo 🗆	
	BIRTHPLACE (S	State or fore		wks	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min. 2. CITIZEN OF WHAT COUNTRY?	13. FATHER			. Avenue			
don	.USUAL OCCU during most of v	vorking life, e	ive kind of work even if retired)	44	OF BUSINESS OR INDUSTR	Dorth	y Komber					
	WAS DECEAS				17. SOCIAL SECURITY NO.	B. INFORM	MANT Lard Gross	fath		DRESS		
TION	(This does n heart failure injury or con	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heort foilure, osthenio, etc. It meons the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) CAUSE OF DEATH (A) IMMEDIATE CAUSE Congenital I REPLY OR ANY CONSEQUENCE OF: (a)				xivexx (ac		lisease and mitr		cesia)		
CERTIFICATION	TO THE DEA	ATH BUT NO	ONDITIONS CONTRELATED TO N GIVEN IN PA ON 208. CON	THE TERMIN		AS PERFORM	ED		***************************************	21. AUTO	PSY? (Yes	or No)
	22A. FXTER	NAL CAUSI		To	2B. PLACE OF INJURY(e.g.		OC WHITE DID				Yes	
MEDICAL	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. Date Signature Chief Medical Examiner									NED		
RE	NAME (1 A. BURIAL CREA MOVAL (Speci	MATION,	24B. DATE	10	24C. NAME of CEMETERY			LOCATION		, or county)	(Ste	ote)
	Burial A. DATE REC'D	BY HEALTH	6/21/ DEPT. 3 8 1969		Holy Redeeme	Sch Sch	ery FUNERAL DIRECTO Limunek Fu 31. Brehms.	neral		DDRESS		







VS 150-REV. 1/1/68

		CO	CONS BALTIMORE CITY	Y HEALTH DEPARTMENT	F	S9 GRAS
BIRTH NO.		63	6305 CERTIFICA	ATE OF DEATH	REG. NO.	0000
1. NAME OF DE			DSTROM	2. DATE AI	169 June 19,	1969) 8:30 P.N
3. PLACE IN BA			RONOUNCED DEAD	4. USUAL RESIDENCE (Whe		tution: residence before odmission)
FULL NAME O HOSPITAL OR INSTITUTION	F (IF NOT ADDRES	IN HOSPITAL OR	INSTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE	CITY LIMITS?
44			,	BALTIMORE	١	YES NO
UNION	MEMO	prial He	ospital	103 PARK	LANE	
SEX M	6. RACE	. 4	RRIED NEVER MARRIED DIVORCED DIVORCED	S/4/88	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs.
done during most o	of working life, ev		ND OF BUSINESS OR INDUSTR			12. CITIZEN OF WHAT COUNTRY
	tined -	XEC. T	RE	MASSAChus		4.3.4,
Jo		Rypstro	PM	14. MOTHER'S MAIDEN NA JOHANNA WAKNOWA	HAIbERG	
	ed Ever in U. S.	Armed Forces?	rvice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	HILL ALLEY	ADDRESS
PHICHEMY V			820-00-8156	HILS. HELEN 12	y ds from	Some.
DISE.	ASE OR CONI LEADING T	DITION DIRECTLY O DEATH	CAUSE OF DEAT	CARDINA	annest	APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
DISEASES	ANTECEDEN OR CONDIT	IONS, if any, ause (A) stating	(B) Li giving DUE TO, OR A	OCAR DIAL I	nfarction	s .
TO THE DE	ATH BUT NOT R	OITIONS CONTRIBU				QH.
		198. CONDITION WAS PERFORME	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	o) 20 8. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED
OR CONTRI	BUTING CAL	USE OF	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If In Boltimore	City, give exact location)
21D. TIME OF INJURY (APPROX.)	(Month) (D	Poy) (Year) (Hou	While At At Work		JURY OCCUR?	
22. 1 certi	fy that (1) (thi	is haspital) atter	nded the deceased from	6/14/	19 69 to 6/1	9/ 19 69
-		ne deceased aliv			-	on deoth occurred on the dot
23A. SIGNA		ouses stated ob	ave. (1) (We) (did) (did not)	view the body after deoth.		38, DATE SIGNED
	4	is s	H.D. DEGREE PH		Staff Phys.	6/19/69
PHYSIC NAME	RIOS		SSI M.D.	UNION A	(EMORIS	Hospital
24A. BURIAL CI REMOVAL	REMATION, 24 (Specify)	B. DATE	24C. NAME of CEMETERY OF CI	REMATORY 24D.	LOCATION (City,	town, or county) (State)
Buria	1	6/23/69 DEPT. 258, N	Trinity Churc	h Com. Lo	ng Green,	Balto Co., Mo
	JUN	23 1969 3	BAS ETTaber, M.	How Jenking	& Sons Co. Balto 12	

UNION MEMORIAL HOSPITAL

CETISES hospital

John Rysstrom

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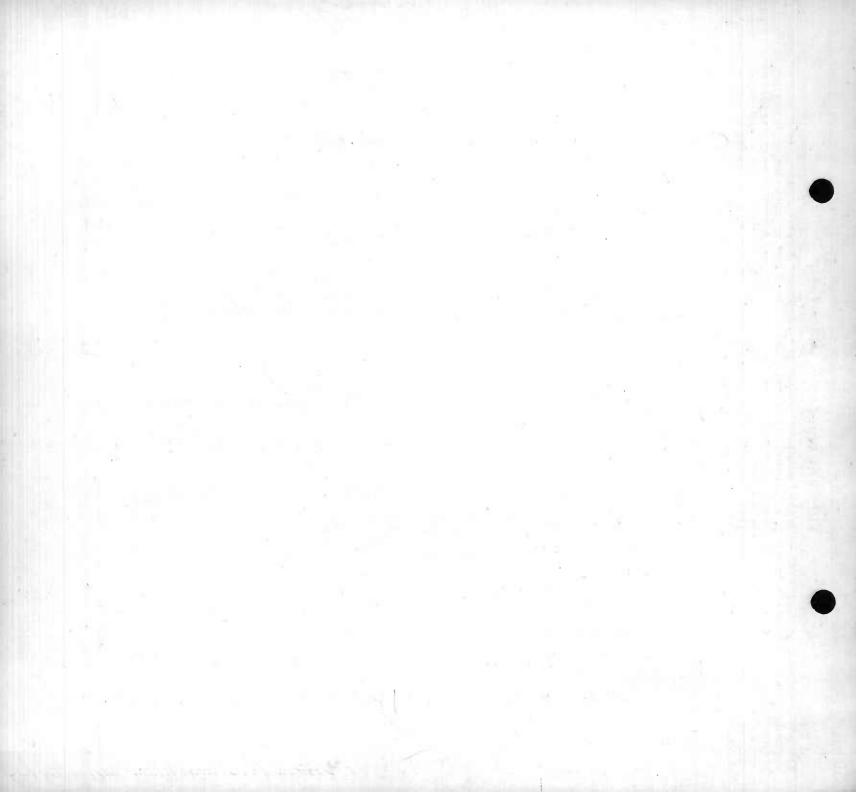
M. WWIN MEMBERS No De

DIRECTOR:

FUNERAL

(- 100 podo per water and) Derick to story of Da 25 4 (Know a fire way a many) Fred Kaketen 1º 11 x 6.5

	BALTIMORE CITY	HEALTH DEPARTMENT	69 6308
69 68	308 CEPTIFICA	TE OF DEATH	0. 00 0000
BIRTH NO.	CLKTITICA		
1. NAME OF DECEASED GERTRUDE	/	2. DATE AND HOUR OF DE	EATH
COVINDA HO	ams	6/2//	69 4, A M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived A. STATE B. COUNTY	I. If institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INS	TITUTION. GIVE STREET	mapulnal	16-01
HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	The state of the s	C. CITY OR TOWN	INSIDE CITY LIMITS?
		BALTIMARE	YES NO NO
Good SAMaritan Hospi	Lal	E. STREET AND NUMBER	
Good Atmention	135,	1022 Bonnitte	AUE
5. SEX 6. RACE 7. MADDI	ED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years)	If Under 1 Yr., If Under 24 Hrs.
F WIDOW		06-03-01 lost birthdoy)	Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work 10B, KIND			12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired	OI BOSINESS OK INDOSIKI	The Bikini Park CE (Store of Tolergin Country)	
Houseyl		manulaux	USA.
13. FATHER'S NAME		14. MOTHER'S MAJOEN NAME	
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of service	e) SECURITY NO.	1	ADDRESS
No		Daniel (1811)	/
18.	CAUSE OF DEAT	Н	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		<u> </u>	BETWEEN ONSET AND DEATH
LEADING TO DEATH		ISE Brain Stem CVA	2 weeks
(This daes not mean the made of dying, e	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	
heart failure, asthenia, etc. It means the disea	se,		No. of the latest and the
	Gener	Aned asc VD	11
ANTECEDENT CAUSES	(B)	blacketer mellita	- UVS
DISEASES OR CONDITIONS, if any, giv	ing DUE TO, OR AS	A CONSEQUENCE OF:	
rise to the abave couse (A) stoting UNDERLYING CONDITION last.			
ONDERETING CONDITION last.	(C)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Z			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).			
DISEASE OR CONDITION GIVEN IN PART 1 (A).		120 A	
19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED	OR WHICH OPERATION	20 A AUTOPST (Yes or No) 20B. IF YES, V	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?
E 2		1 ES	no
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o	in or obout 21 C. WHERE DID (If in Bo	oltimore City, give exact facation)
	etc.)		
21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY	While At Not While		
(APPROX.)	Work At Work		
22. I certify that (1) (this haspital) attende	d the deceased fram	6/11 1969 to	6/2/ 1969
that (I) (we) last saw the deceased alive a	4. 1) aplnian death accurred an the dat
		2	y aprillan death accurred an the dat
and hour and fram the causes stated above	(I))(We) (did))(did nat)	view the bady after death.	
23A. SIGNATURE	1	/	23B. DATE SIGNED
Tob-Hsieme 1	Tid Ohu	ending Med. Staff Staff Phys.	6/21/69
23 C. PHYSICIAN'S	DEGREE	23D. ADDRESS	
NAME (Type) TAIL It	no Herinin	1.0.15	L. Hora to O
1 MH-1751U	19 730 MD DEGREE	The Good Jaman	Mospides.
24A. BURIAL CREMATION, 24B. DATE 24C REMOVAL (Specify)	. NAME OF CEMETERY OF CR	EMATORY 24D. EQCATION	(Stole)
Busine 2 25-69	milt low	to Manual	1 × m
	A COR DETRISTINAD	7	ADDRESS
25A. DATE REC'D BY HEALTHIDE 369 26B. NAM	E Valle IM 1)	25C. FUNERAL DIRECTOR	ADDRESS 12

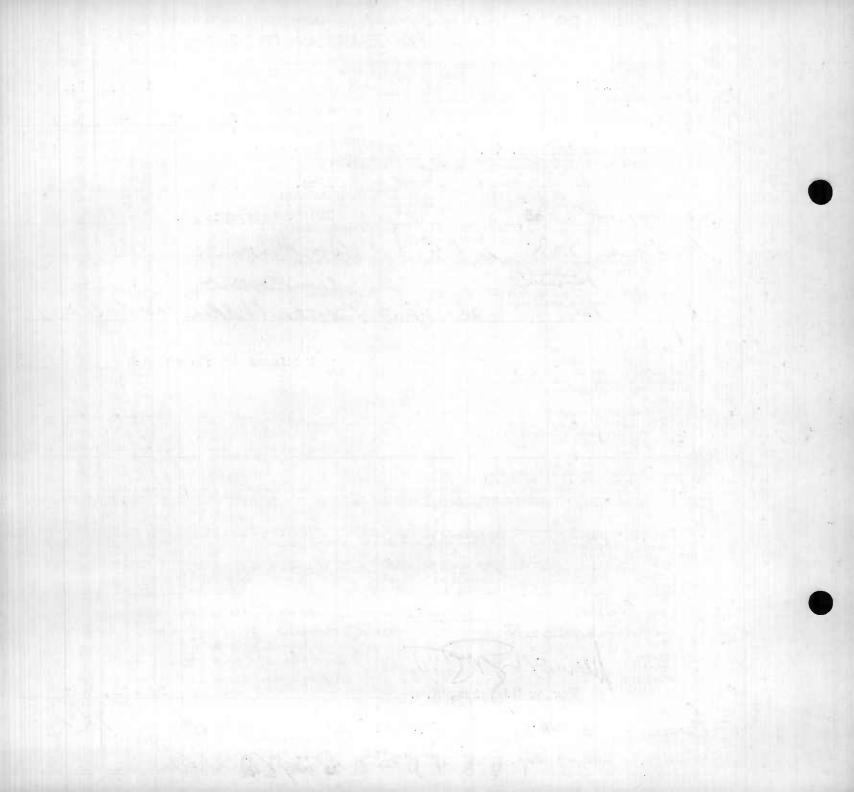


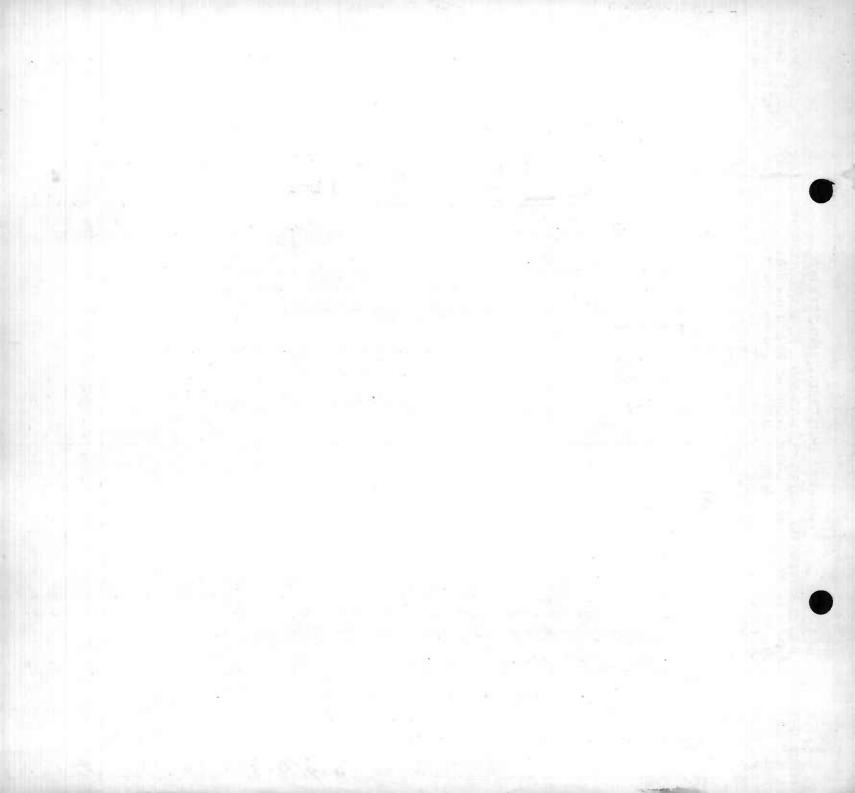
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69 6309 BALTIMORE CITY HEALTH DEPARTMENT

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BIRTH NO.	WED	DICAL EX	CAMINER'S	CERTIFIC	CATE OF	DEA	IH REG. NO)	
1. NAME OF DEC	EASED			2. DATE	Known St	Month	Doy	Yeor	Hour
(Type or Print)	ABRAHAM BA	NKS		OF DEATH	Estimoted	6	23	69	7:30 am.
4. PLACE IN BAL	TIMORE, MARYLAND, V		UNCED DEAD	3. DATE		Month	Doy	Yeor	Hour
FULL NAME OF HOSPITAL	(IF NOT IN HOSPIT		N, GIVE STREET		JNCED DEAD	Jun		1969	7:30 ам
OR INSTITUTION	ercy Hospital	D.O.A.		5. USUAL R A. STATE	Marral and		B. COUNTY	on: residence b	pefore odmission)
6. SEX	7. RACE		Lucium Mannier [C. CITY OR	Maryland		D. INSIDE O	CITY LIMITS?	,-05
Male	Colored	WIDOWED 2	NEVER MARRIED		lto.				NO 🗆
9. DATE OF BIRT	H 10. AGE (n yeors If Un	der 1 Yr. If Under 24 Hrs.	U	AND NUMBER			TES L	NO L
Danuer	15 15 Prost birthdo	870 Month	is, Doys Hours Min.	3	20 E. Laf	avett	e Sta	100	1
V 1000	state or foreign country)		ITIZEN OF	13. FATHER			0000		
Brolle	une mi		HAT COUNTRY?	11	m Km	me	_		
14A.USUAL OCCU	PATION (Give kind of work working life, even if retired)	148 KIND OF B	USINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN NAM	ΛE			
done during most or v	Calle	il,		1	Im Br	m	~		
16. WAS DECEAS	ED EVER IN U.S. ARME	D FORCES?	17. SOCIAL SECURITY NO.	18. HIFOR	MANT		1	ADDRESS	1 1.
(100, 100 of officional)	n	0. 3011100)	218-07-6959	3	stha a	Jack	er is.	35 CK	leurs Il
19.	9 1		CAUSE OF DEA	TH					PPROXIMATE INTERVAL VEEN ONSET AND DEATH
DISEAS	E OR CONDITION DIRE	CTLY							
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heort failure	ot mean the mode of d , osthenio, etc. It means th	e diseose,	DUE TO, OR	AS A CONSEC	UENCE OF:				
injury or con	mplication which caused de	om.)							
	NTECEDENT CAUSES		(B)	AS A CONS	DUENCE OF	-4			
DISEASES (OR CONDITIONS, IF AN E ABOVE CAUSE (A) STA	Y, GIVING ITING THE	DUE TO, OR	AS A CONSE	DUENCE OF:				
ZUNDERLYIN	NG CONDITION LAST.		(c)						
15	, 11								
O TO THE DEA	NIFICANT CONDITIONS C	THE TERMINAL							
DISEASE OR	FOPERATION (208. CO		ACHICH ODER ATION W	AS DEDECORA				DI AUTO	PSY? (Yes or No)
O ZOA. DATE OF	P OPERATION 200. CO	NUIION FOR	WHICH OPERATION W	AS PERFORM	IED			21. AUTO	
	NAL CAUSE WAS	loop D	LACE OF INJURY(e.g.,	In as about	2C WHERE DID	/If in Rollin	oso City, siyo a	wast location)	No
UNDERLYING	OR CONTRIB-	hom e	form, foctory, street, office	ce bldg., etc.)	NJURY OCCUR?	(11 111 00111111	ore Ciry, give e	xoci roconon)	
≥ 22D. TIME	(Month) (Doy) (Yes	r) (Hour) 22	E.INJURY OCCURRED	- 2	2F. HOW DID IN	JURY OC	CUR?		
OF INJURY (APPROX.)				WHILE WORK					
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l cert	rify that I held on	Inquiry 🗌	Inspection XX Au	topsy	ond that on t	his bosis	, deoth in m	y opinion	
resul	ted from: Natural car	uses XX A	cident Suici	de 🗌 H	omicide 🔲	Undetern	nined manner		
	1	1	7		CHIEF MEDICAL E	EXAMINER			DATE SIGNED
SIGNAT		2/4/	M.I.	D. ASSI	STANT MEDICAL E	XAMINER	LXIX		
EXAMIN	IER'S	X,	a	ASSC	CIATE MEDICAL E	XAMINER		0.0	1060
24A. BURIAL CRE	11 0 21 22	er U. Sp	itz. M.D.	CDEMATO)PV 24D	LOCATIO		me 23,	200
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Burio	1 6-2	1-64 1	no would	~ Cay		120	lt	-	182
25A. DATE REC'D	BY HEALTH DEPT.	QCQ NAME	OF REGISTRAR	Ar A 25C.	FUNERAL DIRECTO	OR /	1	ADDRESS	
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VS 151-REV. 1/1/6	В	1			100				



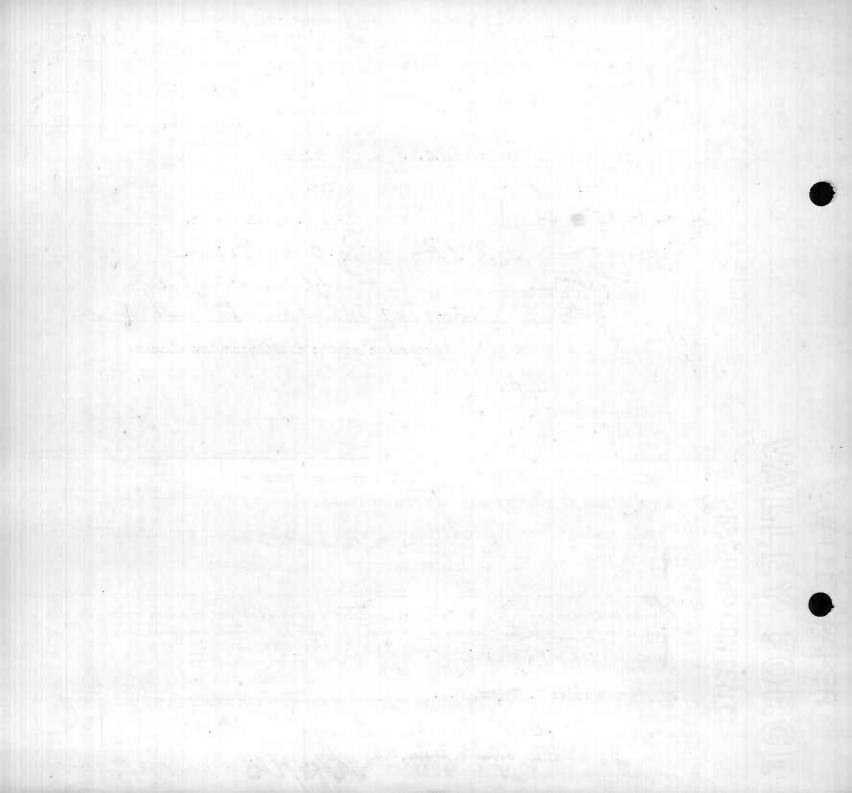


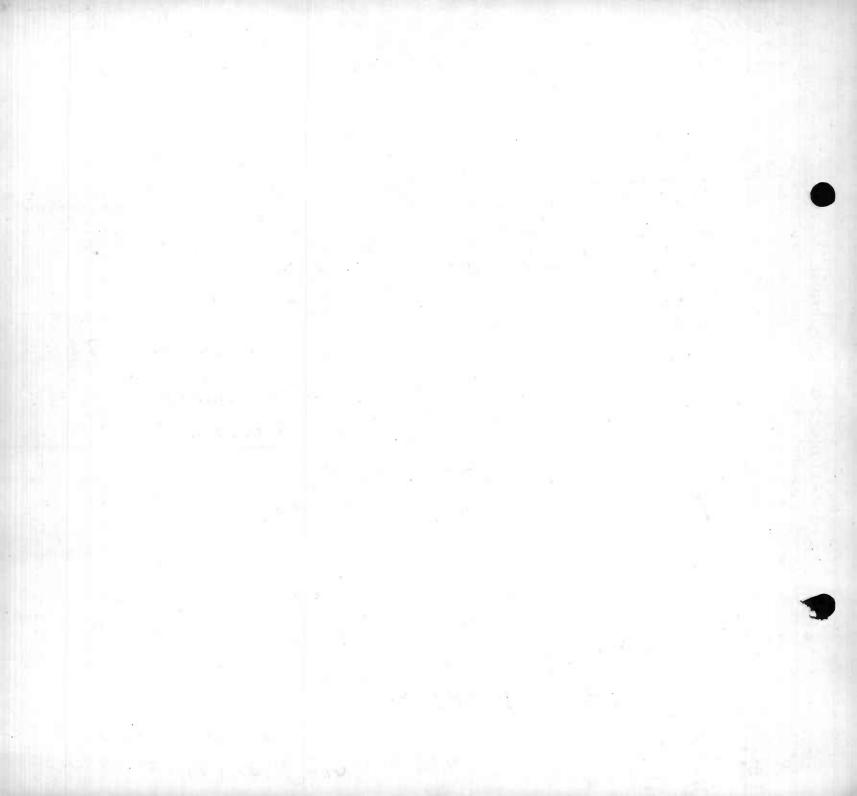
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69 6311 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH

69 6311

MEDICAL EXAMINER 5	LERIFICATE OF DEATH REG. NO	
I. NAME OF DECEASED	2. DATE Known XX Month Day Yee	or Hour
(Type ar Print)	OF TO	969 9:50 am.
ISAAC BALL 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Day Yes	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD June 23, 196	59 9:50a M.
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution; residen	
	A. STATE B. COUNTY	2-01
Church Home and Hospital D.O.A. 6. SEX 7. RACE 8. MARRIED NEVER MARRIED	Maryland C. CITY OR TOWN D. INSIDE CITY LIMI	TS?
MARKIED NEVER MARKIED	5	
Male Negro WIDOWED DIVORCED 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	Balto. YES DA	№ Ц
last birthday) Manths, Days, Haurs, Min.		
ITAIRTHPLACE (State or fareign country) 12, CITIZEN OF	1305 E. Baltimore St.	
WHAT COUNTRY?	- B-100	
144 USUAL OCCUPATION (Give kind of work) 148, KIND OF RUSINESS OR INDUSTRY	Y 15 MOTHER'S MAIDEN NAME	
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY dane during n (as of warking life oven thretired)	(A. I.I.: OA 110	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS	
(Yes, na ar unknown) (If yes, give war ar, dates of service) SECURITY NO.	A De A HOU To	
19. QES Q25 -03-0367 CAUSE OF DEA	The grant from	APPROXIMATE INTERVAL
4/2,41		BETWEEN ONSET AND DEATH
	sclerotic Kardiovascular disease	
LEADING TO DEATH (A) IMMEDIATE (CONTROL OF A) (This does not mean the made of dying, e.g.,	CAUSE AS A CONSEQUENCE OF:	******
heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.)	AS A CONSEQUENCE OF:	
migray or compared to a men cooks a comp		
ANTECEDENT CAUSES (B)	AS A CONSEQUENCE OF:	~~~~~~~~~~~
I KISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
Z UNDERLYING CONDITION LAST. (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20 A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL Pulm	onary emphysema	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS DEDECTRANED	UTOPSY? (Yes ar Na)
O	AS PERFORMED	
	in ar about 22C. WHERE DID (If in Baltimare City, give exact locati	YES
	ce bldg., etc.) INJURY OCCUR?	un)
UTING CAUSE OF DEATH. 22D. TIME (Manth) (Day) (Year) (Haur) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
OF INJURY NOT	T WHILE	
(APPROX.) m. WORK AT W	NORK [
	and that an this basis, death in my apinia	ın
resulted from: Natural causes XX Accident Suicid		
A CONTRACTOR OF THE PARTY OF TH	CHIEF MEDICAL EXAMINER	
ACTUAL MANA// ()M	ASSISTANT MEDICAL EXAMINER XX	DATE SIGNED
SIGNATURE M.E	ASSOCIATE MEDICAL EXAMINER	
NAME (Type) Werner U. Spitz, M.D.	June 23	, 1969
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or con	unty) (State)
REMOVAL (Specify)	int On A Bonds	mex
25A. DATE REC'D BY HEALTH DEPT. 25B NAME OF REGISTRAR	25C. EUNERAL DIRECTOR ADDRESS	S
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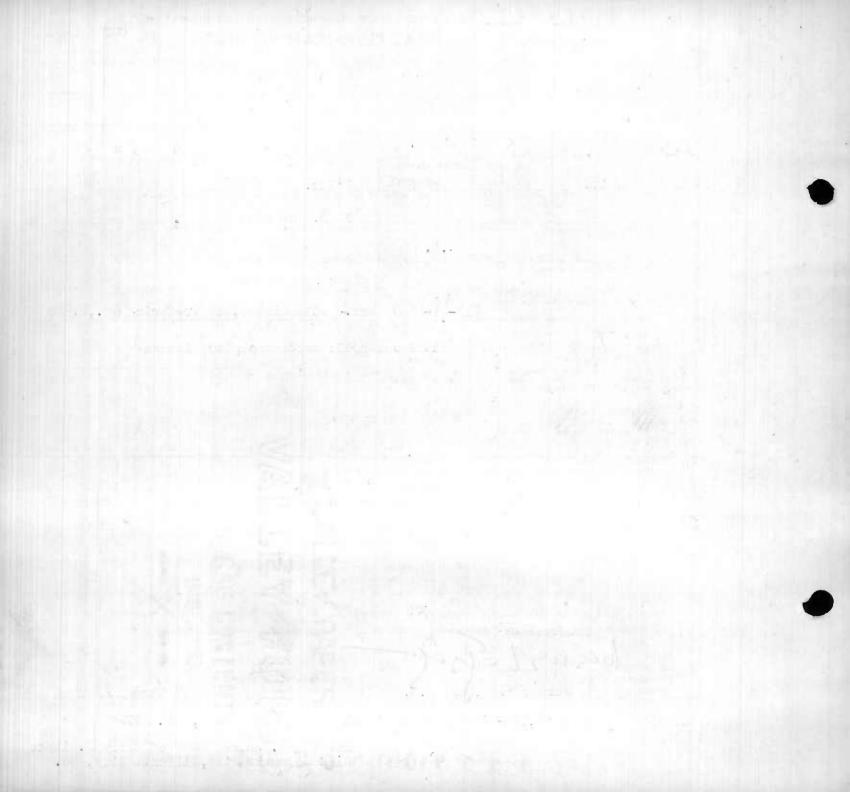
69 6313 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH.

69	6313

I. NAME OF DECEASED CHARLES LINTON	BIE	TH NO.								REG. NO		
Comment Comm								Known 👿	Manth	Day	Yeor	Hour
4. PLACE IN BAILHORE, MARYLAND, WHITE PRODUNCED BAD HOSPITAL MADESS OR LOCATION) (P. NOTIN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) (A) 38 S. Fremount (B) SEX (FACE (B) MARKIED (C) HY OR OWN (I) OAGE (In year) (I	(Ту	oe ar Print)	CIIV	DIEC	TENTO	NAT .		44				
FILL HAME OF MADRESS OR IOCATION) 38 S. Premount 38 S. Premount 5. SSW 7. RACE Marked Never Marked Never Marked Never Marked St. St. Marked Never Marked	A	PLACE IN BAL								Day	Year	
HOSPITIAL ADDRESS OR LOCATION) SUBJECT AS INCHES AS INCH								UNCED DEAD	MOITH	Day	1601	11007
A STATE MARY NAME White White Whowen Whow	HO	SPITAL	ADDRE	SS OR LOCA	TION)	monon, orve sikeer				22		
38 S. Fremount Mark OR	NOIIUIION						ESIDENCE (Whe	re deceosed li		residence b	efore odmission)	
## ACCUMENT OF PREATON CONSTRUCTION Secretary Sec		00	38 5	Fromo	un t			Les Irrae		B. COUNTY	18	12
Male White Whose Divorces Balton Yes No Date of Balton Yes Divorces Divorce	6.	SEX		FLEIIO	T.	IED TAIEVED MADDIED T	C. CITY OF	TOWN	-	D. INSIDE CIT	V LIMITS?	0-
DATE OF BIRTH												
It. BIRTHPLACE(State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME 13.							Bal	to.		YES	s 🔲 🔠	ио 🗌
1. BRTHPLACE (Stote or foreign country) 1. BRTHPLACE (Stote or foreign country) 1. C. CHIZEN OF WHAT COUNTRY) 1. BRTHPLACE (Stote or foreign country) 1. BRTHPLACE (Stote or foreign country) 1. BRTHPLACE (Stote or foreign country) 1. SCILII WHAT COUNTRY) 1. MOTHER'S MAIDEN NAME 1. Late Myrtle Toucy 1. SCILII WHAT COUNTRY 1. SCILII	9.	DATE OF BIRTI	1					AND NUMBER				
12. CITIZEN OF WHAT COUNTRY 12. CITIZEN OF WHAT COUNTRY 13. FATHER'S NAME Deceased 14. USUAL OCCUPATION (Give kind olived) 148. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME Late Myrtle Touey Late Myrtle Touey 16. MOTHER'S MAIDEN NAME Late Myrtle Touey 17. SOCIAL 18. INFORMANT 18. INFORMANT ADDRESS 18. MOTHER'S MAIDEN NAME Late Myrtle Touey 18. INFORMANT ADDRESS 18. MOTHER'S MAIDEN NAME Late Myrtle Touey 18. INFORMANT ADDRESS 18. MOTHER'S MAIDEN NAME Late Myrtle Touey 18. INFORMANT ADDRESS 18. MOTHER'S MAIDEN NAME Late Myrtle Touey 18. INFORMANT ADDRESS 18. MOTHER'S MAIDEN NAME Late Myrtle Touey 18. INFORMANT ADDRESS 18. MOTHER'S MAIDEN NAME Late Myrtle Touey 18. INFORMANT MAIDEN NAME Late Myrtle Touey 18. INFORMANT ADDRESS 18. MOTHER'S MAIDEN NAME Late Myrtle Touey 18. INFORMANT ADDRESS 18. MOTHER'S MAIDEN NAME Late Myrtle Touey 18. INFORMANT ADDRESS 18. MOTHER'S MAIDEN NAME Late Myrtle Touey 18. INFORMANT ADDRESS 18. MOTHER'S MAIDEN NAME Late Myrtle Touey 18. INFORMANT ADDRESS 18. MOTHER'S MAIDEN NAME Late Myrtle Touey 18. INFORMANT Late Myrtle Touey 18. INFORMANT MAIDEN NAME Late Myrtle L				55	′′			C Fromo	int for	· 0		
Autority County	11.	BIRTHPLACE (S	tate or foreig	n country)		12. CITIZEN OF				81		
JAA USUAL OCCUPATION (Give lind of well-life. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME downloading life, spin festings) Late Myrtle Touey						WHAT COUNTRY?						
Late Myrtle Touey	1.44	Herria Coor		1. (/ 15	40.4415.15							
1. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service) 17. SOCIAL SECURITY NO. 213—01—1659 Mrs. Myrtle Linton, 828 Frederick Rd., 21228 18. INFORMANT 19. 19					14b. KIND	OF BUSINESS OK INDUST	MOTHE	K S WAIDEN N	AME			
10. MAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no arwhanny) (If yes, or armhanny) (Late	Myrtle 1	Couev			
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Chief Read Continues Conti								Calalove	.oca .a.	arbeabe		
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ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION S. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No.) 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING TO THE DEATH BUT NOT WHILE AT INCIDENCE OF THE DEATH BUT NOT WHI												
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JUN 24 1969 Though E. Jaken 10 Howard Co. Funeral Home of Harry H. Witzke	25	DATE PECID					1250	FUNERAL DIREC	TOR -	- ΔΓ	DRESS	
JUN 24 1969 June 2 Columbia Pike, Ellicott City, Md.	23		the same of the				How	ard Co Fi	üneral	Home of	Harry	H.Witzke
		1	IUN 24	1969	Javes	5 c. Nawer 10	1 1417	2 Columbi	la Pike	Ellicot	t City	y, Md.

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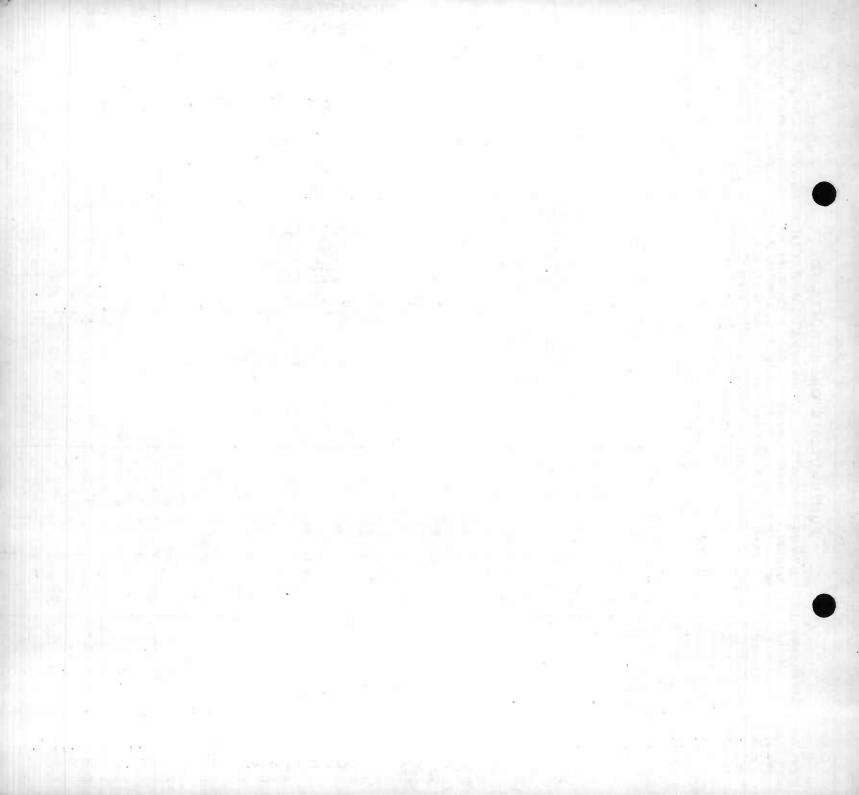
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deceased prior to death.

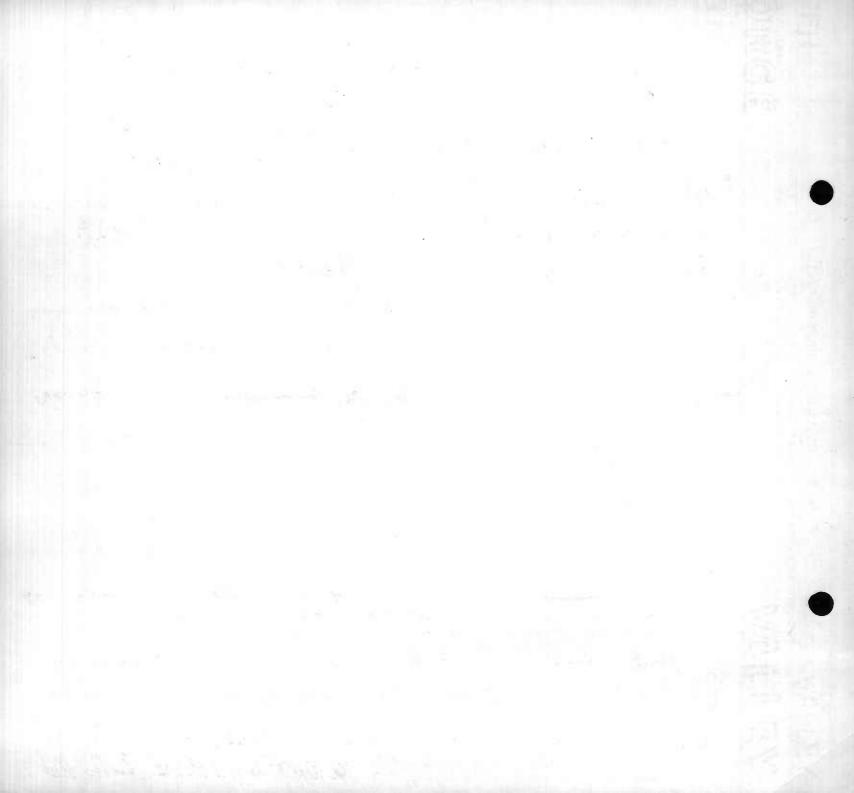
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BIRTH NO.	69	601	CERTIFICA	ATE OF DEATH	REG. NO	00
Type or Print)	Daisy Bell	e Hami	ilton		AND HOUR OF DEATH	
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If i	institution: residence befare edmissie
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INST	TITUTION, GIVE STREET	C. CITY OR TOWN	fordxRdx Ma	aryland 28-5
00	1037 Sta	mford	Road	Baltimore E. STREET AND NUMBER		YES X NO
860	1/ 04 05			1037 Stam:		
. SEX	6. RACE		D NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lest birthdey)	If Under 1 Yr. If Under 24 H Manths Deys Haurs Min.
Female	White	WIDOWE		2/3/26 111. BIRTHPLACE (State or fe	43	12. CITIZEN OF WHAT COUNT
	werking life, even if retired)					
3. FATHER'S NA	NAP.			West Virgin		USA
				0		
	Robert J.				ide Shugar	
es, ne ar unknewn	Ever in U. S. Armed For (If yes, give wer er dete	s ef service		4 Rosemarie (Cooper, Bal	7 Stamford Rd.
DISEASES Crise to the UNDERLYING	asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) G CONDITION last. ILLICANT CONDITIONS COLONDITION SUPERIOR ON PAR OPERATION 198. CON	death.) ony, givin stating th NTRIBUTING HE TERMINA T 1 (A).	(B) CAT DUE TO, OR A (C)	USE PANCIFAR A CONSEQUENCE OF: S A CONSEQUENCE OF:	Ureirus	5 YIZS +
E C	WAS PERF	ORMED		No	IN CERTIFYING CA	AUSES OF DEATH?
OR CONTRIBL	NT WAS UNDERLYING DITING CAUSE OF medicel exeminer	h	1B. PLACE OF INJURY (e.g., ame, ferm, factory, street, tc.)	in er ebeut 21C. WHERE DID office bldg., INJURY OCCUR?	(If In Baltime	are City, give exect lecetion)
21 D. TIME OF INJURY (APPROX.)	(Manth) (Day) (Year)	TE. INJURY OCCURRED White AI Net Wh Verk AI West	21 F. HOW DID II	NJURY OCCUR?		
	that (1) (this haspital		. / . / . /	1969	ta	9 19 19
	last saw the decease					ofnian death accurred an the d
23A, MGNATU		ed abave.	(I) (We) (did) (dld nat)	view the bady after death	1.	23B. DATE SIGNED
Ille	us Id Cur	ih		mending Med. Director 230, ADDRESS	Staff Phys.	6/22/69
23 C. PHYSICIA NAME (T	Dr. Thomas	E. Ro	oa sh	5550 Baltimor	e National P	ike
24A. BURIAL CRE REMOVAL	MATION, 248. DATE Specify)	24C.	NAME of CEMETERY of CI		LOCATION	City, tewn, or county) (State)
Burial	6/24/6 UN 24 1969 1	25B. NAMI	Cedar Hill Co	emetery R	itchie Hgh	Wy., Balto Md. AVe., 21229

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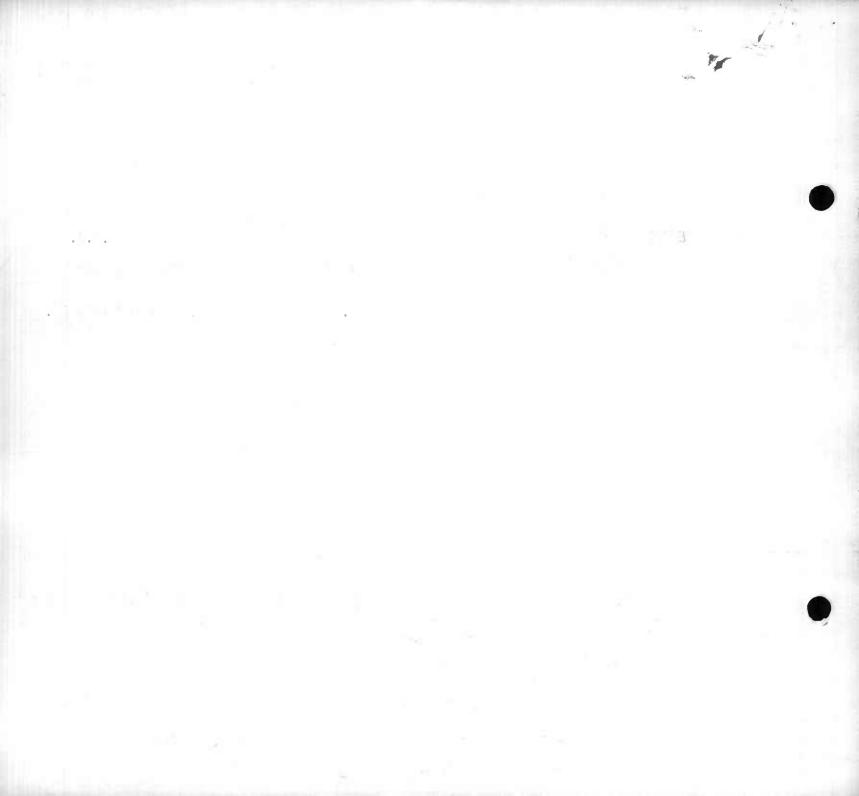


1	11-1	69 6315 BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 69 6315
4-	5 5 5 5	BIRTH NO. 69 6315 CERTIFICATE OF DEATH
	ded deds n +	T, NAME OF DECEASED ROUGEN F Alban Se 2. DATE AND HOUR OF DEATH (Type or Print) ROUGEN F Alban Se JUNE 20 1969 M.
	S)	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY
		HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION D. INSIDE CITY LIMITS?
	rior rior	44 Union Memorial Hospital E. STREET AND NUMBER 3302 Beech Avenue
•	ontribut ermined regular eased p	S. SEX No. 16. RACE NEVER MARRIED B. DATE OF BIRTH Never Married B. DATE OF BIRTH No. 16. RACE No. 16. RACE No. 16. RACE No. 17. If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. Months Doys Hours Min.
		10. USUAL OCCUPATION (Give kind of work) 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY? PAINTER P per narger Seltemplayed Naval 214
Ę	directly, (4)	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MARIETTA HARE 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
RTAI	ssista the kind l dear ince final	15. Was Deceased Ever in U. S. Armed Forces? (10s., no of unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH 18. CAUSE OF DEATH 18. APPROXIMATE INTERVAL
MPORT	Also, if also, if e of an nounced attendo	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE CONCRETE Thrombos's Services Seedles
OR:	ctur ctur pror	(This does not mean the made al dying, e.g., heart foilure, asthenia, etc. It means the disease,
IRECT	exami exami (3) A fr in who in reg	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the UNDERLYING CONDITION last. (B) OUT ALL ACCEPTAGE (B) DUE TO, OR AS A CONSEQUENCE OF: (C)
ERAL D	f medical medical y burns; physicia ian was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179. DATE OF OPERATION 1798. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED
N.	chie y a Bod the tysic	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?
4	ital by e; (2) here No ph befor	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?
	hospi naturiept w d (6)	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Work 21F. HOW DID INJURY OCCUR?
•	approto to the of any al (exch); an be obt	22. I certify that (I) (this hospital) attended the deceased fram 9-14 19-57 to 6-20 19-69, that (I) (we) last saw the deceased alive an 6-8-19-69 and that in(my) (out) apinian death accurred an the date
	ust be eased ident nospit deat	and haur and fram the causes stated above. (1) (We) (dtd) (did nat) view the bady after death. 23A. SIGNATURE Phys. Decree Phys. Director Phys. Director Phys. Director Phys. Director Phys. Director Phys. Director Dire
		23C. PHYSICIAN'S NAME (Type) REUBBN HOFFMAN M.D. 846 CV. 3673 St., BALTIMORE, MD.
	body was wes: (1) An a body was in D.O.A. at eased prior	Burial Cremation, 248. Date 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State) Burial Cremation, 248. Date 24C. NAME of CEMETERY of CREMATORY (City, town, or county) Burial Cremation, 248. Date 24C. NAME of CEMETERY of CREMATORY (City, town, or county) Burial Cremation, 248. Date 24C. NAME of CEMETERY of CREMATORY (City, town, or county)
	This of the bashow was I decement	25A. DATE REC'D BY HEALTH DEPT 1969 SER MAME OF REGISTRADE NO PROPERTY HOME BE to Mal
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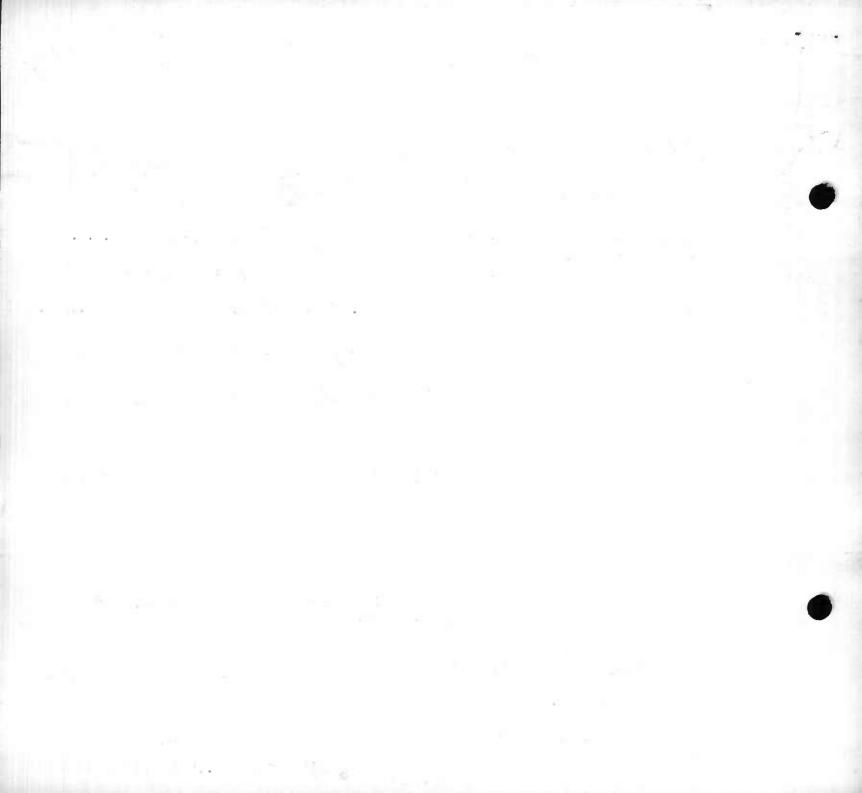
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FUNERAL DIRECTOR: IMPORTANT	approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased II (except where the physician who pronounced death was in regular attendance on the 1); and (6) No physician was in regular attendance on the	ž
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the	400
	A A	1
	# (657	2
	F6.00	
	S O S	
	e si se si s	9
	This certificate must be a the body was released to shows: (1) An accident of was D.O.A. at a hospital deceased prior to death)	mister morrow market he chained hofore the commine are ambalmed or final direction is made

5-55 69 6316 BALTIMORE CITY	Y HEALTH DEPARTMENT 69 6316
S-55 69 6316 CERTIFICA	TE OF DEATH REG. NO.
	2. DATE AND HOUR OF DEATH
Type or Print BECSIE & SPAULU	16/21/69 11/35 1.
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. Il institution: residence before admission)
FIRST MARKE OF A TENOT IN HOSPITAL OR INSTITUTE OF THE	A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	BALTIMORE YES DE NOT
: VNION WEMORIAL HOSPITAL	E. STREET AND NUMBER
	12334 N. Ohades Street.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years If Under 1 Yr., Il Under 24 Hrs. Months Days Hours; Min.
TEMALE WHITE WIDOWED DIVORCED	
10A. USUAL OCCUPATION (Give kind of wark 108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE W F AT HOME	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
dane during most of working life, even if retired) HOUSEWIFE F AT HOME 13. FATHER'S NAME BENJAMIN LEVIN	XXXXXXXXXXX YFTTA GOLDBERG
	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	
	MRS. CAROLYN GREENBERG, 8507 CHARLTON RD.
CAUSE OF DEAT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
D DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	- A M Tulative
(This does not mean the mode at dying, e.g., heart failure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:
near tallure, asthema, etc. If means the disease,	
ANTECEDENT CAUSES	idigo Annolt
(B)	A CONSEQUENCE OF:
(9/	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL STORY (A),	***************************************
199. DATE OF OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., home, tarm, factory, street, o	n or about 21C. WHERE DID (if in Boltimore City, give exact location)
DEATH (notify medical examined	
218. PLACE OF INJURY (e.g., a) OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 210. TIME (Month) (Day) (Year) (Hourd) 215. INJURY OCCURRED While AI Wark At Wark	21F. HOW DID INJURY OCCUR?
(APPROX.) While AI Not While AI Wark At Wark	• 🗆
22. I certify that (1) (this hospital) attended the deceased from	06-11-6/19 10 06/2/ 1969
that (1) (set) last sow the deceased alive on 06/2/	19 69 and that in(my) (part) opinion death occurred on the date
and hour and from the causes stated above (1) (%) (did) (did not)	23B, DATE SIGNED
	unding Med. Staff O6-21/65.
23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	23D. ADDRESS
LVIS CANTARU MAD DEGREE	UNYON MEMORIAL HOSPITAL
	MATORY 24D. LOCATION (City, town, or county) (Stote)
BURIAL 6-22-69 MOGAN ABRAHAM	ROSEDALE, MARYLAND
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C FUNERAL DIRECTOR O ALAGA ADDRESS
JUN 24 1969 Vallet E. Tarber, R. 2	a for german 6010 Restection Re
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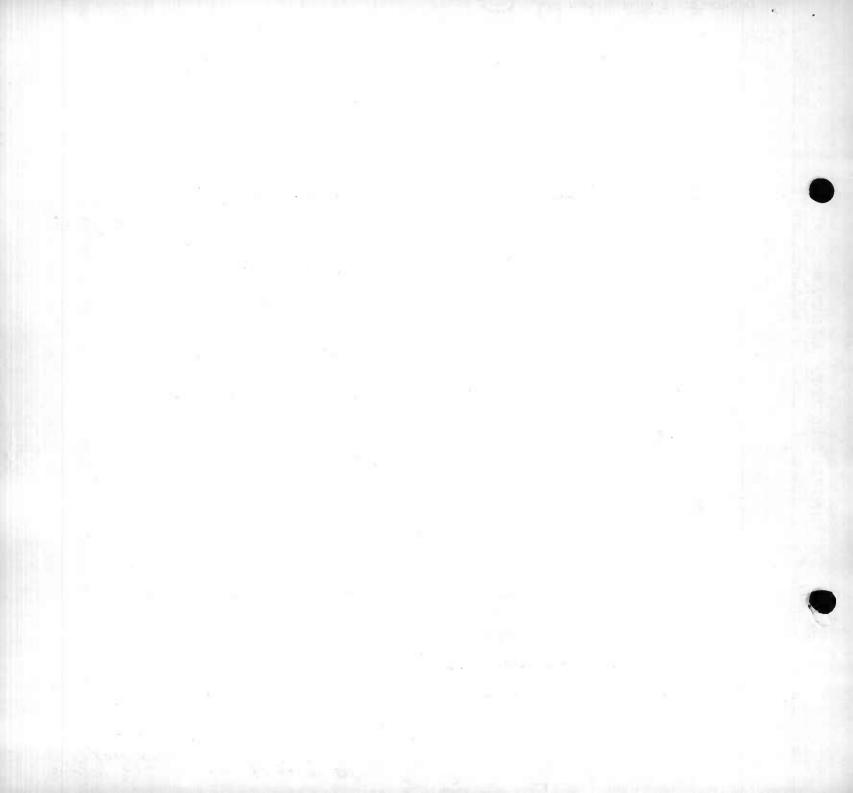


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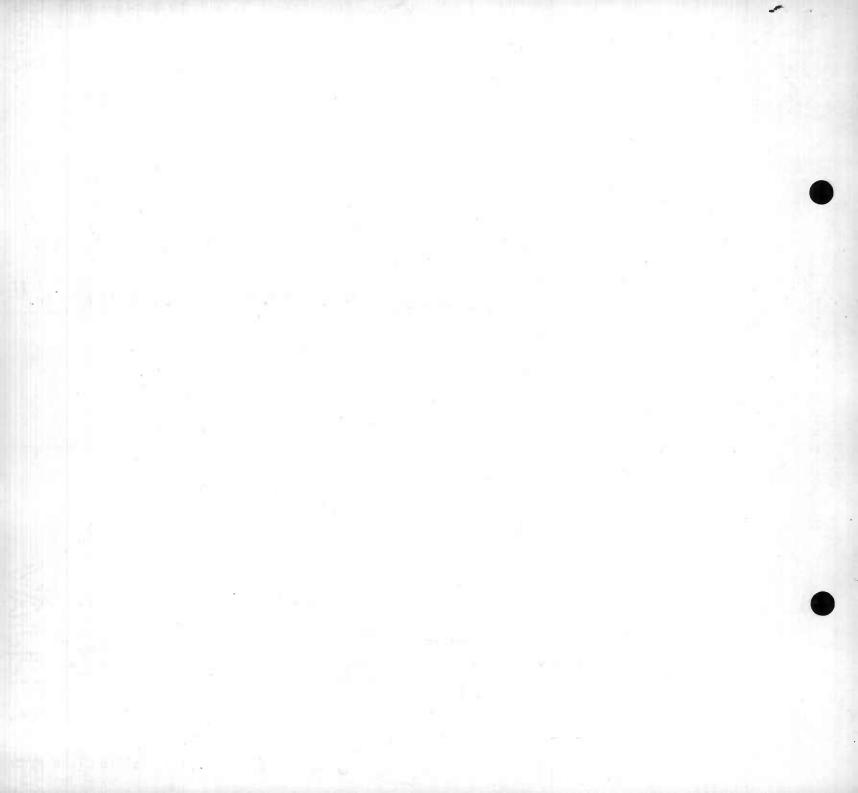
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BIR	ATH NO.	CERTIFICA	TE OF DEATH	REG. NO.	69 6317
	Pe or Print)	A 1 /	2. DATE AN	D HOUR OF DEATH	1 /32
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE INTE	e deceased lived. If ins	ditution: residence before admissi
			A. STATE B. COUN	ITY	12 1
HC	ILL NAME OF SPITAL OR INSTITUTE ADDRESS OR LOCATION STITUTE ADDRESS OR LOCATION STITUTION	ON, GIVE STREET	C, CITY, OR TOWN	D INICIE	DE CITY LIMITS?
2	Par. 4		Baltin	THE D. INSIL	YES NO T
3	MERO V HOSA	PITAL	E. STREET AND NUMBER		
_				PLE FAI	EPEN MORG.
5. S	MARKIED		8. DATE OF BIRTH 95	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
104	USUAL OCCUPATION (Give kind of work 10B, KIND OF BI	DIVORCED	8/4/90XX	76	
done	e during most of working life, even if relired)		11. BIRTHPLACE (Stole or forei	gn country)	12. CITIZEN OF WHAT COUN
12	HOUSEWIFE AT HON	NE	15ALT	IMORIS	U.S.A.
130	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
	JOHN KACUSIN		TENX L	XXXXXXXXXXXXX	EVIN
(Yes	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dates of service)	SECURITY NO.	17. INFORMANT		ADDRESS
	NO		MR. ABRAHAM QUA	LL, TEMPLE O	GARDEN APT., APT.
	18.410,0	CAUSE OF DEAT	Н		APPROXIMATE INTERVA BETWEEN ONSET AND DE
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		JSE Mysearchal	· Alandi	(4)
ı	IThis does not mean the mode of dving. e.g.	(A) IMMEDIATE CAU	A CONSEQUENCE OF:	Tracere	- IVUV.
- 1	heart failure, asthenio, etc. It means the disease,	DUE TO, UK AS			
- [injury of complication which caused death.)		A CONSEQUENCE OF:		
	injury or complication which caused death.) ANTECEDENT CAUSES	Meno	1 1	· here deline	a de
	ANTECEDENT CAUSES DISEASES OR CONDITIONS. it any, siving	(B) Alens	eleveri Caron	, heart dece	ar years
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	(B) ALMA	1 1	, heart dear	ar years
	ANTECEDENT CAUSES DISEASES OR CONDITIONS. it any, siving	(B) Alens	eleveri Caron	, heart dear	or years
NO	ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(B) Alexandre (C) DUE TO, OR AS	A CONSEQUENCE OF:	, heart dece	ar years
ATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	(B) Afense DUE TO, OR AS (C) Hyper	derestic Carans A CONSEQUENCE OF:		years
TIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, giving rise to the above cause (A) stating the UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	(B) Afense DUE TO, OR AS (C) Hyper	A CONSEQUENCE OF:	208. IF YES, WERE FI	SCAL STATES
CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, giving rise to the above cause (A) stating the UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHI WAS PERFORMED	(B) Afense DUE TO, OR AS (C) Afyser ICH OPERATION	Leveri Carano A CONSEQUENCE OF: Leveri 20A-AUTOPSY? (Yos or No.	208. IF YES, WERE FI	years NDINGS CONSIDERED SES OF DEATH?
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ZA CA	ANTECEDENT CAUSES DISEASES OR CONDITIONS, it ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION fast. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 198. CONDITION FOR WHI WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PL. home, etc.)	(B) Africa (B) DUE TO, OR AS (C). ACE OF INJURY (e.g., inform, foctory, street, of	A CONSEQUENCE OF: Jerson 20A-AUTOPSY? (Yos or No.) n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	208. IF YES, WERE FI IN CERTIFYING CAU (It in Boilimore	years NDINGS CONSIDERED SES OF DEATH?
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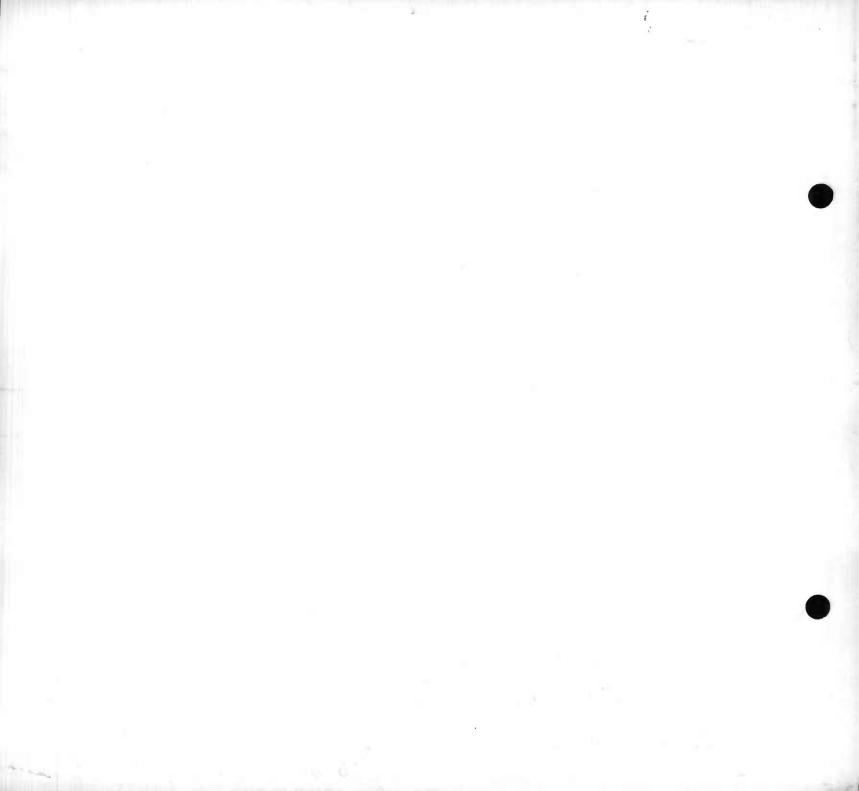
CO 00	BALTIMORE CITY	HEALTH DEPARTMENT	V	69 6318
5-530 69 68	318 CERTIFICA	TE OF DEATH	REG. NO.	00 0010
BIRTH NO.	CERTITIO			
(Type or Print)	m:th-	2. DATE AF	- 2 /- 69	15?25 D
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If in	stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Md. BA	1 D. INSI	DE CITY LIMITS?
		154/4	ne	YES NO
1/ Levindale Hab	eno Homa	E. STREET AND NUMBER	vrism =	Harms 12d
5. SEX 6. RACE WIDOW WIDOW	VED DIVORCED	B. DATE OF BIRTH OCT	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work) 10B, KINI	4-1	11. BIRTHPLACE (State or lore	ian country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	4	P	•	U.AA
13. FATHER'S NAME	170 mc	14. MOTHER'S MAIDEN NA	ME	2.7
German Weld	wa-A	leaset	f 3.	
15. Was Deceosed Ever in U. S. Armed Forces? (Yeshio or unknown) (If yes, give wor or doles of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	No	mes dans	Coken -	- Some
18. 25091	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		11	1/) .
LEADING TO DEATH (This does not mean the mode of dying,	(A) IMMEDIATE CA		a - K-W	Doore
heart failure, asthenia, etc. It means the dise		A CONSEQUENCE OF:	. 1	
injury or complication which caused deoth,) ANTECEDENT CAUSES	1.	N / N		
	(B) DUE TO OR AS	A CONSEQUENCE OF:	of Liton) —
DISEASES OR CONDITIONS, if any, gi	The	A CONSEQUENCE OF		The second
UNDERLYING CONDITION last.	(c) -			
7	Λ	- 01	11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI		D'c ble	well offer	nu \
TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	o) 20B, IF YES, WERE F	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED			IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, lorm, foctory, street, etc.)	in or about 21C, WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	e City, give exoct location)
DEATH (notily medical examiner) O 21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E, INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
OF INJURY (APPROX.)	While At Not Whi	le 🔲		
22. I certify that (N (this hospital) attend		5-26	1969 10	6-18 1969
that (1) (we) last saw the deceased olive	1 - 9	1 10		nion death accurred an the date
ond haur ond fram the causes stated above	e. (1) (We) (did) (did nat)	view the bady after death.		
23A. SIGNATURE	1405			23B. DATE SIGNED
Som he D	DEGREE Phy		Physic	6-21-6)
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	1/2	
24A. BURTAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CR	EMATORY 124D. I	OCATION) (Ci	ly, lown, or county) (Stole)
REMOVAL (Specify)	1		1-1-	2
Durial 6/22/69	Blmach &	celeja /2	allement	mel
	ME OF REGISTRAR	25C. FUNERAL DIRECTO	6010/824	RAPORESS
VS 150-REV. 1/1/6B JUN 2.4 1969 7	who & dabei M	of water	men.	no one
TO 100 THE TO 17 17 9 D				



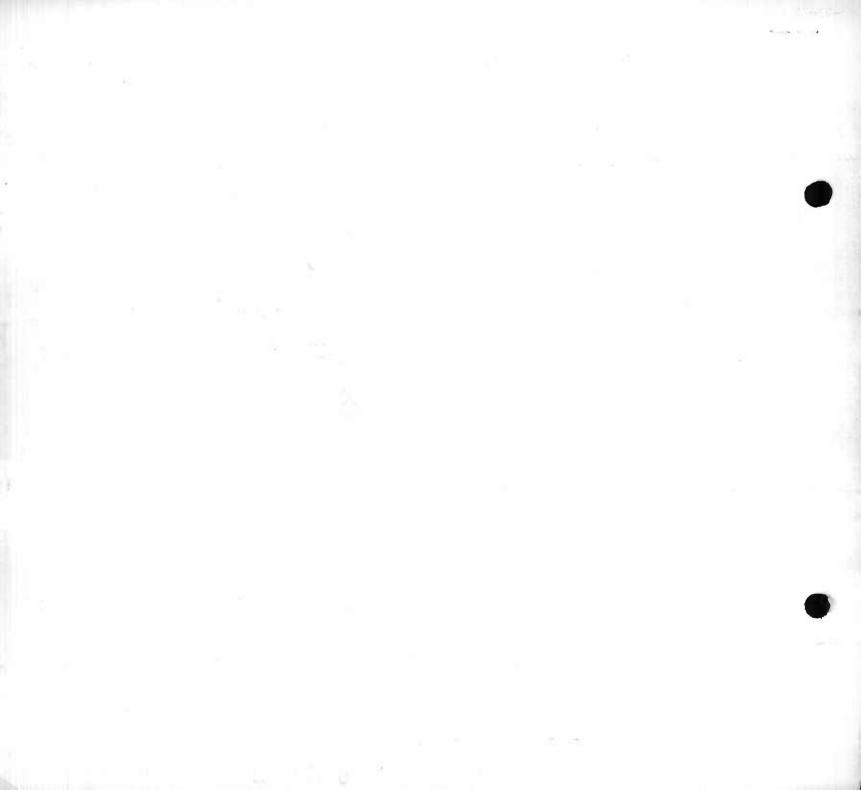
D 7-		BALTIMORE CITY	HEALTH DEPARTMENT	/	69 0040
Lot.	2-0 69	6319 CERTIFICA	TE OF DEATH	REG. NO.	69 6319
I.NAME OF D				AND HOUR OF DEATH	H
(Type ar Print)	MORRIS	PICKUS		5-21-69	4:00 Am.
3. PLACE IN	ALTIMORE, MARYLAND, W	VHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (VA. STATE B. CO	Where deceased lived, If	institution: residence before odmissian)
FULL NAME	OF (IF NOT IN HOSPIT	TAL OR INSTITUTION, GIVE STREET	MARYLAND	BXXXXXXXXX	CXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
HOSPITAL OR	ADDRESS OR LOCA	ATION)	C. CITY OR TOWN		SIDE CITY LIMITS?
UG No	The Charles	Gen. Hospa	BALTIMORE		YES NO
1/10			E. STREET AND NUMBER		at 1511
5. SEX	6. RACE		6860 Siber	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
MALE	WHITE	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	7-25-04	lost birthdoy	Months Doys Haurs Min.
	CCUPATION (Give kind of world of world of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	untant	Not houstness	RUSSIA		USA
3. FATHER'S			14. MOTHER'S MAIDEN	NAME	
Jaco	ob Pickus	5	DOVA	?	
S. Wos Deceo	sed Ever in U. S. Armed For	es of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESSPT. 1011
NO	JAMIN MI YES, GIVE WOT OF GOTO	212-10-6282	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	IDA PICKUS,	6800 LIBERTY RD.
18. / /	A 0 1	CAUSE OF DEAT	TH .		APPROXIMATE INTERVAL
DIS	EASE OR CONDITION DI	RECTLY	1 0	0 90	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) IMMEDIATE CA	USE Acule Vie	lun suary E	Leun Leur
	s nat mean the made of re, asthenia, etc. It means	dying, e.g., DUE TO, OR AS	A CONSEQUENCE OF:		
	camplication which caused		1. 0 11.	1001	
	ANTECEDENT CAUSES	(B)	A	corden tofe	redon tour
	OR CONDITIONS, if the above cause (A)	311/1 911/119	A CONSEQUENCE OF	- 6C - 27	
	ING CONDITION last.	(C)	Hyper Course	ce Hear of	Luca, Jean
	11		0		U
	NIFICANT CONDITIONS CO		<u> </u>		
A DISEASE O	R CONDITION GIVEN IN PAR		20A. AUTOPSY? (Yes or	Nol 208 IF VES WED	E FINDINGS CONSIDERED
<u>u</u>	WAS PER		ZOA. AUTOFST, tres of	IN CERTIFYING C	AUSES OF DEATH?
	DENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,			ore City, give exact lacotian)
	RIBUTING CAUSE OF Chify medical examiner)	hame, form, foctory, street, c	Iffice bldg., INJURY OCCUR	?	
U	(Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
OF INJURY		While At Nat Whi	le 🗖		
		Work L At Work			
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	ve) lost sow the decease		/		plnion deoth occurred an the dote
		oted above. (I) (We) (did) (did not)	view the body ofter deo	th.	23 B. DATE SIGNED
23A. SIGN	ATORE A SILVER	4 / AH	ending Med.	Shaff	6-21-69
026 811461	The state of the s	DEGREE Ph	ys. Director L	Staff Phys.	6,21-67
23C.PHYSI NAM	(Type) DO	- Chipares CO.	23D. ADDRESS	0-1-16	a. The b
	ALC- HIC	SUBON G O DEGREE	Horce C	harley (7	m. Kin p.
REMOVA	L (Specify)	24C. NAME of CEMETERY or CE		LOCATION (City, tawn, ar caunly) (Stote)
BURIAL	6-22-6			BALTIMORE, N	
25A. DATE RE	C'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C, FUNERAL DIREC	TOR REPORT LA	10 REISTERSTOWN ROAD
	JUN 24 1969	1 Vaber E. Jarber M.D.	DAT PONTHON	Ma DKUS., OU	IV KEISTEINSTOWN KOKO



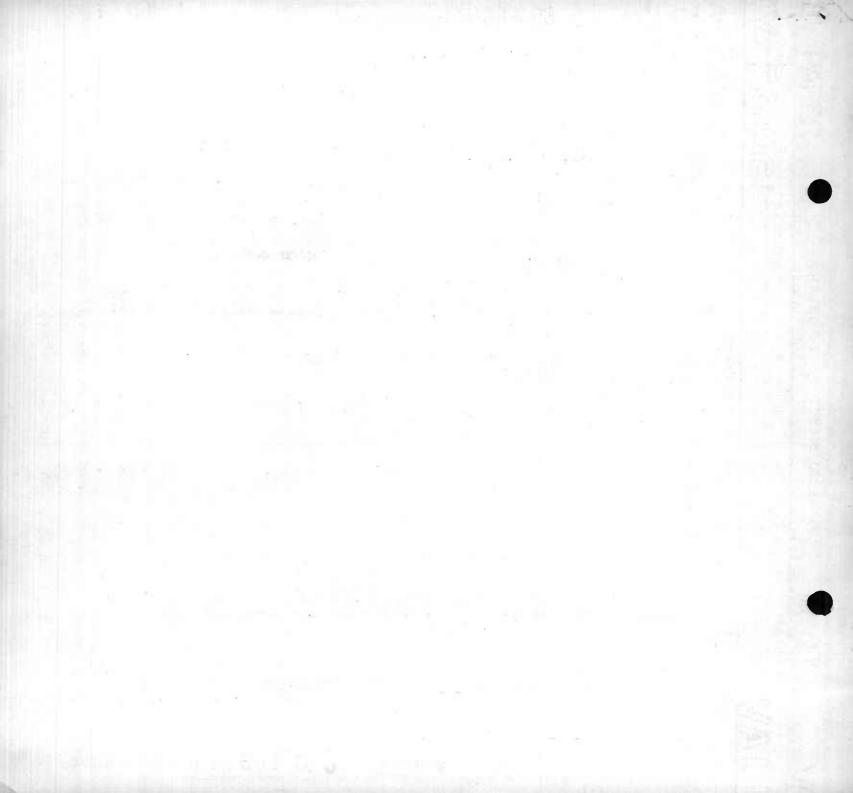
	TY HEALTH DEPARTMENT 69	6320
BIRTH NO. CERTIFICA	ATE OF DEATH REG. NO.	0000
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
(Type or Print) ANNIE ROBINSON	4	1 100000 4 44
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where decoosed lived if institutions A. STATE B. COUNTY	7:50 AM residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND BALT CIT	
SOUTH BALT. GEN. HOSPT	BALT, CITY YES LE. STREET AND NUMBER	_
43	3327 REMINEY ST	REMLEY AV
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Unc	for 1 Yr. If Under 24 His
C WIDOWED DIVORCED	17-12-01 05	Joya Hours Ivans
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRI done during most of working life, even if retired)	Y 11. BIRTHPLACE (Stote or foreign country) 12. CI	TIZEN OF WHAT COUNTR
	50	USA
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	154
HENDERSON CHOICE	1 4001/ 2	
5. Was Deceased Ever in II S Amed Source?	17. INFORMANT	ADDATES
(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	MINFORMANT (DAUGHTER)	ADDRESS
10	ALLIE V. ROBINSON SCAR	SDALE N.Y.
18. / / CAUSE OF DEA	TH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	21.5	- CHARLES OF A PERIOR
(This does not mean the mode of dying a a (A) IMMEDIATE CA		3 DAYS
hearl failure, asthenia, etc. It means the disease, injury or complication which caused death.)	A CONSEQUENCE OF:	
ANTECEDENT CAUSES	SCUD	
DISEASES OR CONDITIONS, if any, giving DUE 10, OR A rise to the above cause (A) stating the	S A CONSEQUENCE OF:	***************************************
UNDERLYING CONDITION last. (C).		
11		
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION WAS PERFORMED WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDING! IN CERTIFYING CAUSES OF	CONSIDERED
	7/-5	DEATH
218. PLACE OF INJURY (e.g., form, foctory, street, cetc.)	in or about 21C. WHERE DID (If In Bollimore City, gi- ffice bidg., INJURY OCCUR?	re exact lacotton)
21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
While At T Not Whi	le C	
Work At Work		
22. I certify that (I) (this hospital) attended the deceased fram	5-19-19-10	6-19-1969
that (i) (we) last saw the deceased alive an	19and that in (my) (aur) apinion dea	th accurred on the date
and have and fram the causes stated above. (1) (We) (did) (did not)	view the bady after death.	
23A, SIGNATURE		TE SIGNED
Decree Ph)	ending Med. Staff Phys. 6	-18-60
	23D. ADDRESS	Kni Da
AA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION (City_Jown.	po val
Burnel 6/21/69 mt. Calra	my a.a. County.	pr county) (Stote)
SA. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	250 FUNERAL DIRECTOR	ADDRESS A
'S 150-REV. 1/1/68	The state of the s	711 00000



2-71-32 MAS	W 611 09 6321 BALTIMORE	CITY HEALTH DEPARTMENT	60 6204
c to the control of t		CATE OF DEATH REG. NO	69 6321
- 0 C N	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	0.2
hospital ise of d (5) Dece ance on death.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where declared lived If in	1 9:30 Am.
S 0 0		A. USUAL RESIDENCE (Where decrosed lived. If in	1 / 1
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI	MARYLAND C. CITY OR TOWN	DE CITY LIMITS?
c 3	BALTIMORE CITY HOSPITALS	BALTIMORE	YES 🔼 NO
70.= -	4940 EASTERN AVE.	E. STREET AND NUMBER	
but ibut ined ined d	BALTO. MD. 21224 5. SEX 6. RACE 7. MARRIED NEVER MARRIED	4940 EASTERN AVE. 21224	
Se Se Se	MALE WHITE WIDOWED X DIVORCED	8. DATE OF BIRTH 9. AGE (in years lost birthday)	Il Under 1 Yr. Il Under 24 Hrs. Monthsi Doys Hours Min.
con real	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or lareign country)	12. CITIZEN OF WHAT COUNTRY?
P - P - P -	Trainman RR	VIRGINIA	USA
if deect (4) Unas was	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
NT int if directly, (4) th w th w disp	unknown	unknown	
stant ne dir ind; leath e on	15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT	ADDRESS
ORTANI Issistant f the dir y kind; d death ance on	no	BCH RECORDS: 4940 EASTERN	AVE. 21224
his as Iso, if of any unced tenda	18. 12. 4 CAUSE OF DE	ATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
A C C C C C C C C C C C C C C C C C C C	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	OT Rhad	DETWEEN ONSET AND DEATH
0 4 5 5 5 5	(This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:	1 WK
miner niner fractu	injury or complication which coused death.)		
xamir kamin A fra who regul	ANTECEDENT CAUSES	ASCVD	Years
AECTC exami exami 3) A fr n veg are e	DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stating the	AS A CONSEQUENCE OF:	
	UNDERLYING CONDITION lost. (C)		-10 *********
702.20	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
RAL D medica burns, physici an was	DISEASE OF CONDITION GIVEN IN PART 1 (4)		
Sicion the the	19A. DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FI	INDINGS CONSIDERED JSES OF DEATH?
	U 21A ACCIDENT WAS UNDERLYING 1	NO	
4-01.4	OR CONTRIBUTING CAUSE OF home, form, foctory, street,	office bldg., INJURY OCCUR? (If In Boltimore	City, give exact location)
		215 University	
hosp hosp natur eept w d (6)	(APPROX.) While At Not W	21F. HOW DID INJURY OCCUR?	
o e y x rid	22. I certify that (i) (this hospital) attended the deceased from	1/10 67 1	/21 10 69
0.00	that (I) (we) lost saw the deceased alive on	1 10	lon deoth accurred on the date
4-00-4	and hour and from the causes stated above. (1) (Ne) (did) (did nat		ion death accurred on the date
ust be eased ident nospit deat	23A. SIGNOTURE		23B, DATE SIGNED
	World of Mosenbaum, MD DEGREE	Hending Med. Staff Phys.	6/2, /69
was r An a L at prior	NAME (Type)	23D. ADDRESS BALTIMORE CITY HOSP	
rificate my was rel (1) An acc A.A. at a l d prior to approval	ROBERT ROSENBAUM, MD	4940 EASTERN AVE.	21224
certificat sody was s: (1) An B.O.A. at ased prio	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF C		, lown, or county! (State)
	Burial 6-24-69 Oak Lawn Cemete 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR		
This the shov was dece	JUN 24 1969 Jabes E. Jabes M.D.	25C. FUNERAL DIRECTOR WALTER DABROWSKI 1005 DUI	NDALK AVENUE
	VS 150-REV. 1/1/68		



21-20-01 VID]	de.	J-U	C) C	0 000	BALTIMORE CIT	Y HEALTH DE	PARTMENT		69	6322
-5705		B C	6	00%	CERTIFICA	TE OF	DEATH	REG. NO.		OGER
and eath ased the Such	1, 8	TH NO.	CEASED WILLIAM				2. DATE AN	ND HOUR OF DEA	TH	
	(Ту	pe or Print)	WILLIA	Hy H	ALL JR.		6/	14/69		1155 P M
hospital Ise of d (S) Dece ance on death.	3.	PLACE IN BAL	TIMORE, MARYLAND, V			IIA. STATE	B. COUN	ere déceosed lived. I	f institution; resi	idence before odmission)
	FU	LL NAME OF	(IF NOT IN HOSPI	TAL OR INSTITU	TION, GIVE STREET	MARYL	AND		/	4-03
a h iaus nda to	HO	STITUTION	ADDRESS OR LOC	ATION)		C. CITY OR T	- 10.20	D. 11	NSIDE CITY LIM	frs?
d in a hos ng cause cause; (5) attendanc		3/00		, , , ,		BALTI	MORE ND NUMBER		YES X	NO
		1940 Eastern Ave., Balto., Md. 21224			1802	EUTAW PL	21217			
th occurred in a hos contributing cause etermined cause; (5) a regular attendan is made.		MALE	6. RACE WHITE	WIDOWED		7-26-	07	9. AGE (In years lost bindoy)	If Under Months D	Poys Hours Min.
deot ct or Unde vas in			UPATION (Give kind of working life, even if retired)	KIOB. KIND OF	BUSINESS OR INDUSTRI		CE (State or fore			N OF WHAT COUNTRY?
	13.	FATHER'S NAME WILLIAM SR.				S MAIDEN NA				
r his assistant if Also, if the dire to fany kind; (4) ounced death vittendance on the need or final disp	15.	Was Deceased s, no or unknown	Ever in U. S. Armed Fo	es of service)	16. SOCIAL SECURITY NO. 211-07-9881	17. INFORMA RECORD:	S: BCH 4	4940 EASTE	RN AVENU	
POR s ass any ced ndar		18./	14-1011	9	CAUSE OF DEAT	н				APPROXIMATE INTERVAL
MPC his of an of		DISEA	SE OR CONDITION D				_	^		WEEK ORDET AND DEATH
or his		(This does	LEADING TO DEATH nat mean the made of		(A) IMMEDIATE CA	A CONSEQUEN	10- KESP	LAATORY A	RREST	Sma
TOR: I miner or niner. A fracture fracture or prono or pr		heart failure,	asthenia, etc. It means	the disease,	00E 10, 0K A3	A CONSEQUE!	TCE OF:			
miner niner. fractu			ANTECEDENT CAUSE		1.0	1.00	C-1-			2 >2 >2
0 0 4 4 5 0		DISEASES	OR CONDITIONS, if	any, giving	DUE TO, OR A	A CONSEQUE	NCE OF:	CENIA		- PHYS
₩ _ 0 0 c. E v			e abave cause (A) G CONDITION last.	stating the	(C) CA	of Lu	NG			2 YRS
D ical			11		(-)		L-L			
→ Pin ris > E	ATION	OTHER SIGNI	FICANT CONDITIONS CO TH BUT NOT RELATED TO CONDITION GIVEN IN PA	HE TERMINAL	Tu	rof	LUNG,			10425
chief chief Body the	RTIFIC	19A. DATE OF	F OPERATION 198. COI	IDITION FOR W	HICH OPERATION	20 A. AUT	NO	208. IF YES, WE IN CERTIFYING	RE FINDINGS C	ONSIDERED ATH?
=======================================	CAL CE	OR CONTRIB	NT WAS UNDERLYING [UTING CAUSE OF medical examined	21 B, home etc.)	PLACE OF INJURY (e.g., e, form, foctory, street,	in or obout 21C office bldg., INJ	WHERE DID URY OCCUR?	(If in Soltin	more City, give	exoct locotion)
7 4 2		21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F.	HOW DID INJ	JURY OCCUR?		
roved by ye hosp ye hosp ye after the hosp ye natural mid (6) beginned	٤	(APPROX.)		Whil	e At Not Whi	le 🔲				
w x x y y y y y y y		22. I certify	that (1) (this haspita	T))ottended th			1.3	19 69 ta	6/14	19.69
dpp to t f ar f ar (e			last saw the deceas		1 1		69 and th	not in (my) (our)	apinian death	accurred an the date
9 0 9 5 5		and havr an	d from the causes sta	ted above.	(We) (did) (did nat)	view the bad	y after death.			
		23A. SIGNATU	JRE						23B. DATE	SIGNED
2 0 £ ^		V.	Valdma	111	DEGREE Ph		Med. Director	Staff Phys.	61	14/69
0 0 5		23C. PHYSICIAN'S NAME (Type) VIDVUD VALDMANIS M.D. 23D. ADDRESS BALTIMORE CITY HOSPITALS 4940 EASTERN AVENUE, BALTO., MD. 21224								
		A. BURIAL CRE	MATION, 248. DATE	24C. NA	ME of CEMETERY of CE	EMATORY	24D. L	OCATION	(City, town, or	county) (Stote)
cert body ws: ('		Burial	6-20-6	8 Sa	wred Heart Co	emerery	В	altimore, M	fd -	
This cer the bod shows: (was D.C decease	25.	A. DATE REC'D				25C. FUN	ERAL DIRECTO			ADDRESS K AVE
	VS	150-REV. 1/1/	68	1 3						



•	death occurred in a hospita to contributing cause of Undetermined cause; (5) Decas in regular attendance of decased prior to death.
IMPORTANT	Also, if the directed from the directed from the directed from nounced death wattendance on the Imed or final dispo
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Dec. was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance of deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. written approval must be obtained before the remains are embalmed or final disposition is made.

E-5/16	BIRTH NO. 69 6323 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 69 6323
and eath ased the Such	I.NAME OF DECEASED
of deat Of deat Decease o on th	Embert, William # 6/20/60 1 1:40 /20.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. II institution: residence before admission)
house use dan dan	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN D. INSIDE CITY LIMITS?
c 31,	Saltime YES NO
D.= L .	Soul Baltimore General Dougital E. STREET AND NUMBER 1/2 Waven live
occurre ontribut ermined regular regular is made	WIDOWED DIVORCED 12/1/6 OF BIRTH 9. AGE (In years list under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
th end on	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or loreign country) 12. CITIZEN OF WHAT COUNTRY?
e o E s ÷	Techanic No Tin Co. MD U.S.
if d rect (4) U wa the spos	14. MOTHER'S MAIDEN NAME
	15. Wos Decogd Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT
he di kind; death ce on	AV.
S + _ = = =	212 01 3962 CMrs. Mary Embert 112 Warren
his a lso, if of any unced tenda	DISEASE OR CONDITION DIRECTLY
Als Als att	(This does not mean the mode of dying, e.g., (A) IMMEDIATE CAUSE (DESCRIPTION OF MANY CONSCIUENCES OF CONSCIUENCES O
par par par	heart failuse, asthenia, etc. It means the disease, injury ar complication which caused death.)
fra o	ANTECEDENT CAUSES
X A Wh	DISEASES OR CONDITIONS, if any, giving DUE 10, OR AS A CONSEQUENCE OF:
(3) (3) n in	inse la the above cause (A) stating the UNDERLYING CONDITION last. (C).
edical edical burns; (3 hysician n was ii	
med med bu phy an	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
	The second secon
y + t ital ital No No No	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg (NURY OCCUR?
hosp nature ept w d (6)	21D. TIME (Manth) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
oved le hos y natu ccept nd (6)	Work At Work
appr to the fany il (ex	22. I certify that (I) (this hospital) attended the deceased from 19 / ta 19
be Sel	that (1) (we) lost saw the deceased alive an (2) and that in (my) (aur) apinion death accurred an the date
dent deat deat must	and hour and from the causes stated abave. (1) (We) (dld) (dld nat) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED
- W.m. E A	Attending Med. Stoff D
s re	23C. PHYSICIAN'S DEGREE PHYS. 23D. ADDRESS
certificate mody was related to the color of	SANG YOON RAIM mD. Loo Xoull Balt G. Descel
TACOBE	24A. BURIAL CREMATION. REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stole)
	Burial 6/24/69 Old Wye Cemetery Wye Mills, Maryland
the books: was D. deceas	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS JUN 24 1969 DELLE E. Jacker M.D. 25C. FUNERAL DIRECTOR 7.5 T.1 Cht
	VS 150-REV. 1/1/68

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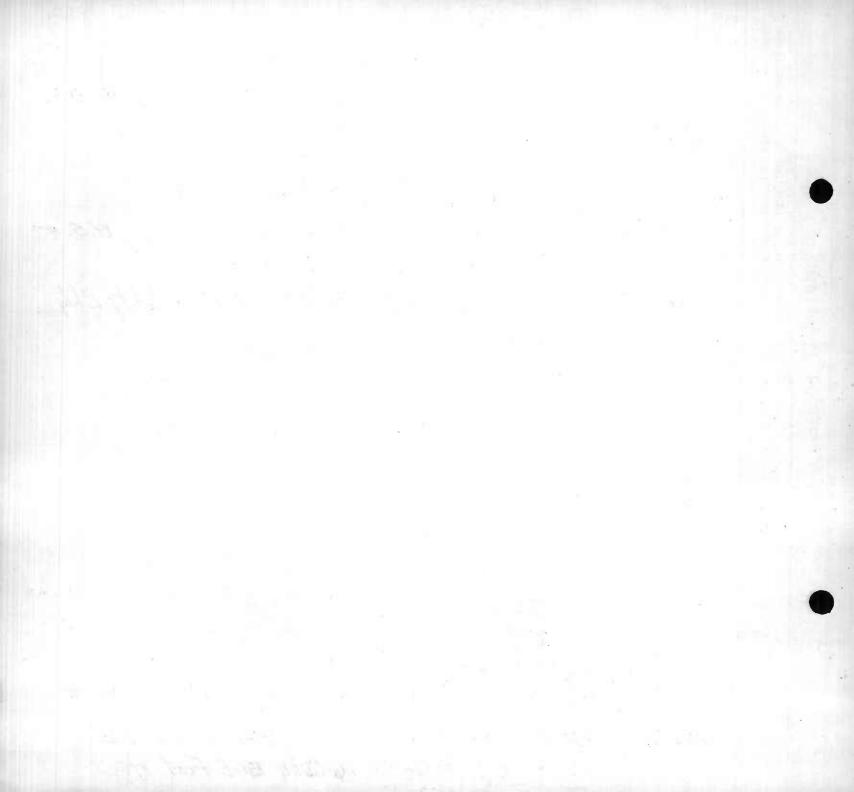
212 01 3962 Mrs. Mary Embert 112 Warren

IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV, 1/1/6B

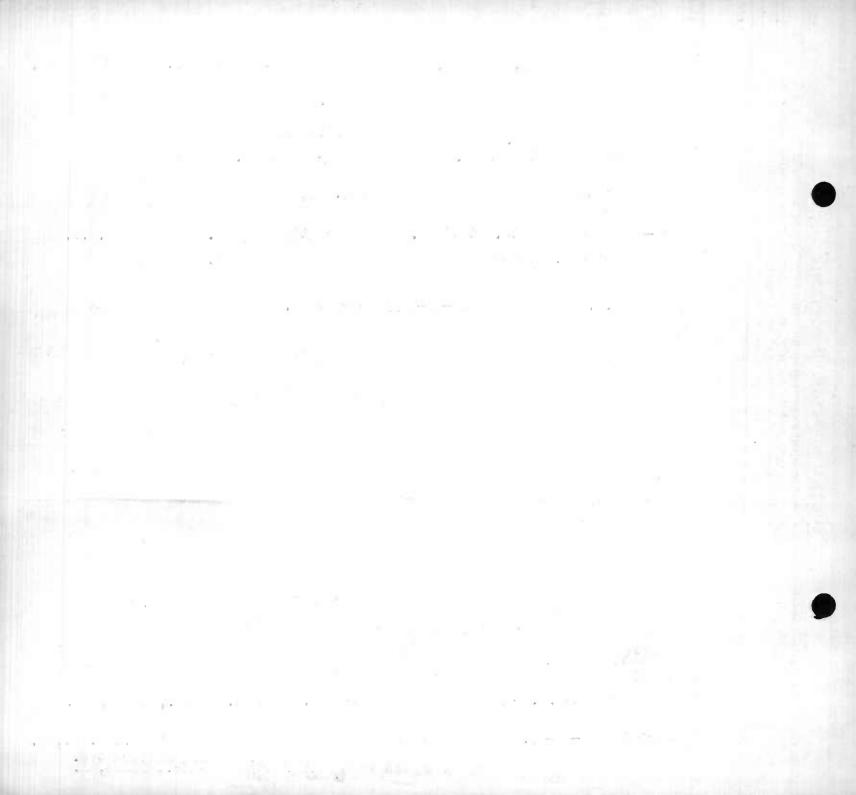


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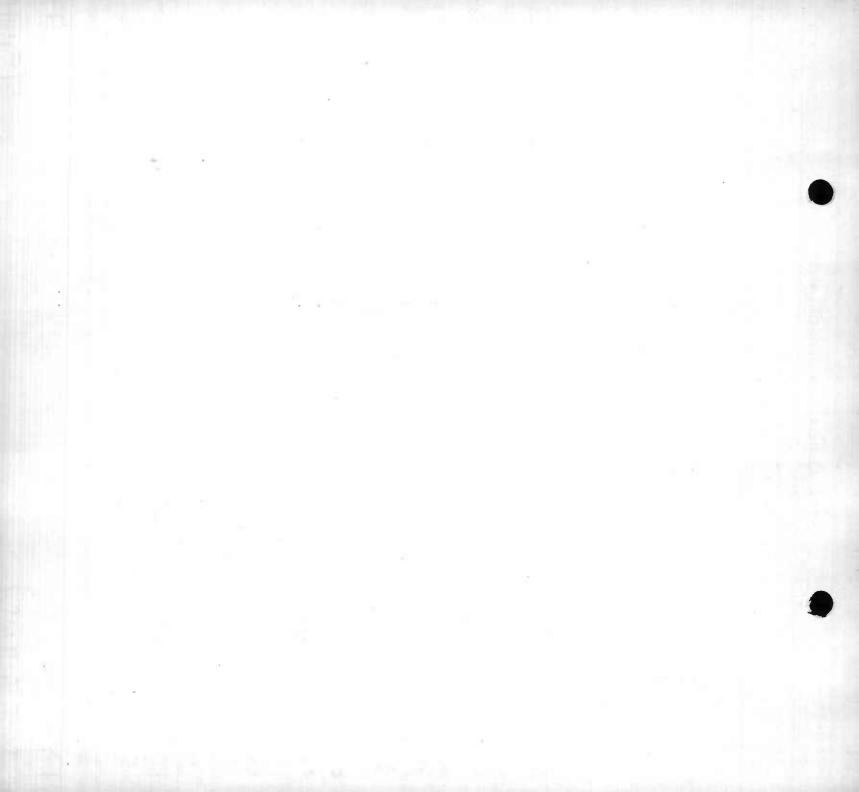
69 6325 BALTIMORE CITY HEALTH DEPARTMENT

			00			LTIMORE CITY H			OF.	DEAT		69	632	25
BIR	TH NO.		MED	ICAL		MINER'S	CERTIFI	CATE	Or	DEAT	REG. NO.			
	I. NAME OF DECEASED (Type or Print)						2. DATE OF	Known	X	Manth	Day	Year	Haur	
				CANNON			DEATH	Estimate	a 🗆					М.
	PLACE IN BALT		ARYLAND, W OT IN HOSPITA				3. DATE	UNCED DEA	AD.	Month	Day	Yeor	Hour	
HO:	L NAME OF SPITAL INSTITUTION	ADDR	ESS OR LOCA	TION)	UIION,	OIVE SIKEE!				June	20,	1969	8:00	
OK.	12						A. STATE	ESIDENCE	(Where		ed. If Institution B. COUNTY	ı: residence l	oetore admissi	on)
			timore	Gener	al I	Hospital		Mary1	and	<u>D.</u>	A. Ca.) a	6-0	0_
6. 5	EX	7. RACE				IEVER MARRIED	C. CITY OF	IOWN			D. INSIDE CI	TY LIMITS?		
	Male	Whit		WIDOWE		DIVORCED		lto.			YI	ES	NO L	-
9. [ATE OF BIRTH	1	10. AGE (Ir last birthda	y) N	lt Under Nanths !	1 Yr. If Under 24 Hrs Days ₁ Haurs ₁ Min	. E. SIREEI	AND NUME	SER					
1	1/26/3	3	35					3 Carve	el B	each R	d.			
11.	BIRTHPLACE	tate or forei	gn country)	11:		EN OF	13. FATHER	SNAME	1	1 0				
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E	ipe +	ITTER	7	Det	7.	Steel	HN	NA,	10/1	90,	FINK	DDDF66		
16. (Yes	NAS DECEASI	(If yes, give	war or dates	of service)	117.	SOCIAL SECURITY NO.	18. INFOR	MANI			D 11 -4	DDRESS	1 .	
_	NO				2	13-30-534	4 WM	CANNE	ONI	702 2	CHS,	WHI	PROXIMATE INT	EDVAL
	19 8 /	6,2/1				CAUSE OF DE	ATH						EEN ONSET AN	
			DITION DIRE	CTLY										
		LEADING T	O DEATH made of dy	lna e a		(A) IMMEDIATE			cere	bral i	njuries			
	heort foilure,	, osthenio, et	c. It means the	disease,		DUE IO, ON	AS A CONSEC	PUENCE OF:				- 24		
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Z	UNDERLYIN	IG CONDI	IION LASI.			(c)		****						
Ĭ	OTHER SIGN	IEICANIT CO	II NDITIONS CO	ONITRIBULITU	NG									
CERTIFICATION	TO THE DEA	ATH BUT NO	T RELATED TO	THE TERMIN										
RTI					OR WH	ICH OPERATION V	VAS PERFOR	MED				21. AUTO	PSY? (Yes ar	No)
15	2						YES (He					(Head)	
7	22A. EXTERI	NAL CAUSE	WAS	2:	28. PLA	CE OF INJURY(e.g	., in ar about	22C. WHERE	DID (If in Baltima	e City, give exc			
EDIC,	UNDERLYING			h	om e, far	m, foctory, street, off Road	Ice bldg., etc.)	NJURY OC	CUR?		Ritchie		7937	1-00
Z	UTING CA		Doy) (Yeor	·) (Haur)	22E.1	NITTRY OCCURRED	(3)	22F. HOW D				IIIA	vay	
	OF INJURY (APPROX.)	6 20	60 /	:05 pm	WHIL	E AT NO	T WHILE WORK	Subject	ot d	river	of moto	revele	1ost	
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11						utop sy	and tha	t an th		deoth in my	oplnion			
	result	ted from: I	Noturol cou	ses 🗌 💄	Acci	dent XX Suic	ide 🗌 H	omicide [] (Jndetermi:	ned manner			
		1	1	5	7	1		CHIEF MED	ICAL E	XAMINER			DATE SIGN	ED
	ACTUAL SIGNATI	100 Cler	mey (261	N	M	D. ASS	ISTANT MED	ICAL E	XAMINER	XX		DATE STOTE	LD
	EXAMIN	ER'S		1		3		CIATE MED	ICAL E	XAMINER				
	NAME (T		erner U	. Spil								ine 21		
	A. BURIAL CRE! MOVAL (Speci		24B. DATE	/	24C. N	IAME of CEMETER	or CREMAT	ORY	24D.	LOCATION	(City, tow	n, ar caunty) (State	1
1	JURIAL		655/6	9	E	KTON CE	mete	R4	E	KTON	V		11/2	1.
25	A. DATE REC'D	BY HEALTH	DEPT.	25B. NA		REGISTRAR	255	FUNERAL D	IRECTO	OR	, , , ,	DDRESS		
		JUN	24 196	عامال	cop &	Jaber M.	B. 1//	1/	1 1:	BOF.	FORT	HVE	•	
VS	151-REV. 1/1/68	1	E.C.L	57	-13	7 77	7) 16	311	-6	1				

71.5. A. Febret H. Conners Berth Street Ander Mos First SIT 30 STY I'M Come me to the St. Bethouse 465/4 Eleten Consteed Eleten



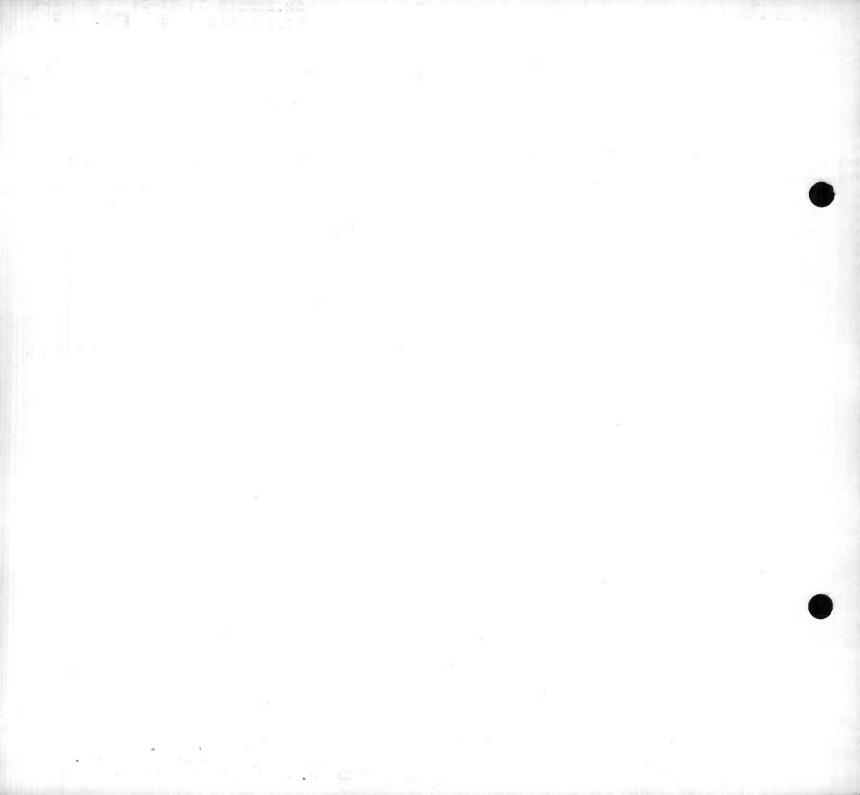
If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? BETWEEN ONSET AND DEATHand that in(my) (aur) apinian death accurred an the date



Such

death.

	D3 D3 X	DALTIMORE CITT HE		Y	69 6328
В	RTH NO.	CERTIFICATE	E OF DEATH	REG. NO.	00 0020
1.	HAMBOY DECEASED THE BELT M. BALLEU	/	2. DATE AN	HOUR OF BEATH	9
	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNGED	^-	USUAL RESIDENCE (When STATE B. COUN	e deceased lived. It inst	titution: residence before admission
12	JUL NAME OF OF OFFICE OF INSTITUTION, ADDRESS OR LOCATION) 2 JOHNS HOPKINS	. /	CITY OR TOWN Brool	clyn Park insid	E CITY LIMITS?
	BALTIMORE, Ma	E.	STREET AND NUMBER	VE PK.	Rd. 21225
5.	SEX 6. RACE 7. MARRIED THE	ER MARRIED 8. I	DATE OF BIRTH	9. AGE (In years	Il Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
	MIDOWED WIDOWED	DIVORCED 7 3	110///	2 %	Months Doys Hours Min.
10	A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSIN	ESS OR INDUSTRY 11	BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF WHAT COUNTRY
	THE THE SUBER	- Richfield	West Virgin	nia	U.S.A.
13	FATHER'S NAME		MOTHER'S MAIDEN NAM	AE.	
	WI, HOWE BAILER		FloRA	ASSOCIATION VALUE	X Karnes
1.5 (Y	Wos Deceosed Ever in U. S. Armed Forces 16. SO s,no or unknown) [(If yos, give wor or dotes of service) SE	CIAL CURITY NO.	INFORMANT		ADDRESS 21225
	No 216	-01-7700	Mrs. Anne B.	Bailev 210	Grove Park Rd.
	18. 1950	AUSE OF DEATH			APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	`	O in	0.14/11	BETWEEN ONSET AND GEATH
	LEADING TO DEATH	(A) IMMEDIATE CAUSE~		SHOCK	3 MOS
	(This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS A CO	ONSEQUENCE OF:		
V.	injury or complication which caused deoth.)	nox	an One	1111	
	ANTECEDENT CAUSES	(B) 115/00		MA	
	DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoling the	DUE TO, OR AS A C	ONSEQUENCE OF:		
	UNDERLYING CONDITION last.	(c)			
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
A	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION. 198. CONDITION FOR WHICH	OPERATION	20A. AUTOPSY? (Yes or No.	20R IE VEC WEDE EN	NDINGS CONSIDERED
CERTIFICATION	21A ACCIDENT WAS UNDERLYING 21B, PLACE	55	NO	IN CERTIFYING CAU	SES OF DEATH?
A	OR CONTRIBUTING CAUSE OF home, farm, etc.)	fectory, street, ellice	obout 21 C. WHERE DID bldg., INJURY OCCUR?	(Il In Boltimore	City, give exect focotion)
MEDI	21D. TIME (Month) (Doy) (Yearl (Hous) 21E INJURY (APPROX.) 21D. TIME (Month) (Doy) (Yearl (Hous) 21E INJUR While At Work	Not While	21F. HOW DID INJI	URY OCCUR?	/ /
	22. I certify that (1) (this hospital) attended the dece		10/69	9	21/69.19
	that (M (we) lost sow the deceased olive on	2/			on Beoth occurred on the dote
	ond have and from the couses stoted obove. (1) (Ve)	(did) (did not) view	the body ofter deoth.	,	O ATT COMES
	A Marketon	Attending Phys.	Med. Director	Staff Phys.	CANAL SIGNED
24	23 CHUSTCIAN'S NAME (Type)		TEHATE /	Lakan	Hearing
24	REMOVAL (Specify)	CEMETERY of CREMA			town, or county) (Stotel
25			and the same of th	en Burnie, A	
		aber M.D.	25C. FUNERAL DIRECTOR	74. 237 Pat	apsco Ave. 21225



IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT



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69 6331 BALTIMORE CITY HEALTH DEPARTMENT

69 6331

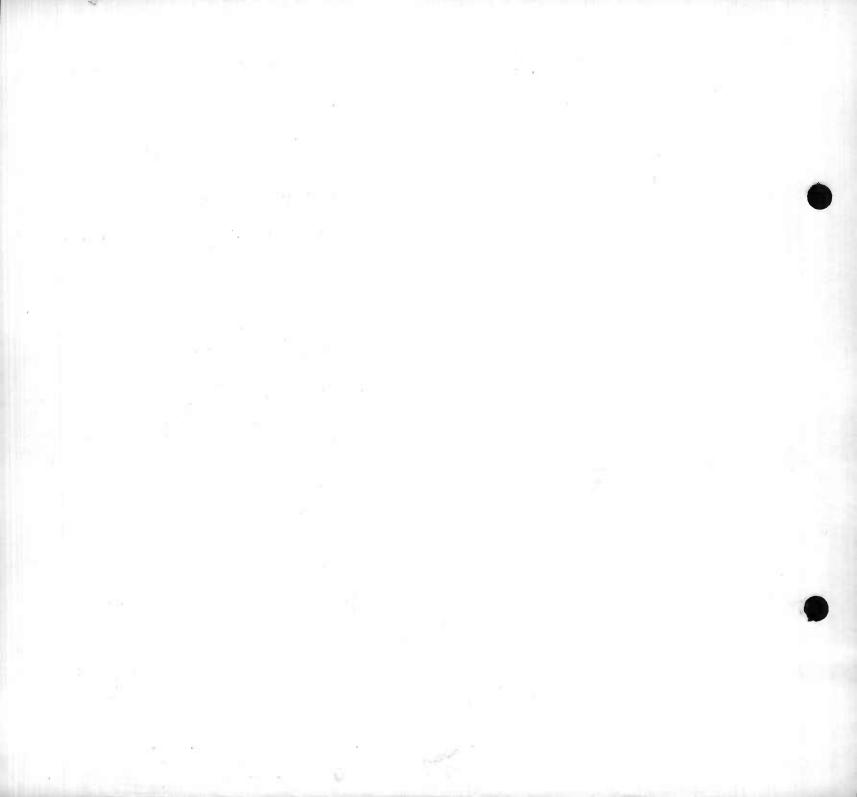
BIRTH NO.	REG. NO.
1. NAME OF DECEASED	2. DATE Known & Month Doy Yeor Hour
(Type or Print)	OF To
SANFORD LOCKLEAR 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted June 21, 1969 2:13 am. 3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	June 21, 1969 2:13 а м.
OK INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY
Church Home and Hospital D.O.A.	Maryland 6-07
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED□ DIVORCED□	Balto. YES ☒ NO ☐
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER
Oct. 13, 1951 lost birthdoy) Months, Doys, Hours, Min.	1804 E. Baltimore St.
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
WHAT COUNTRY?	
North Carolina V.S.A.	NORMIE LOCKLEAR
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even ilretired)	I MOINER 3 MAIDEN NAME
GLAZER GLASS CO	FELIZABETH LOCKLEAR
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)	IB. INFORMANT ADDRESS
20	Elizabeth locklear SAME AS SD
19. CAUSE OF DEA'	
E 700 A	DETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(A)IMMEDIATE C	AUSE Gunshot wound of the chest
heort foilure, osthenio, etc. It means the disease,	AS A CONSEQUENCE OF:
injury or complication which caused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
LINDERLYING CONDITION LAST	
[Z] (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No)
	No
	in or about 22C. WHERE DID (If In Boltimore City, give exact location)
S STATE OF S	e bldg., etc.) INJURY OCCUR?
UTING LI CAUSE OF DEATH. Street 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INTUIDY	WHILE
	ORK XX Subject was in auto, shot by one of
23. I certify that I held an Inquiry Inspection XX Au	the persons in auto
resulted fram: Natural causes Accident Suicid	
Ille of The	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE M.D	ASSISTANT MEDICAL EXAMINER XX
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Werner U. Spitz, M.D.	June 21, 1969
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	
REMOVAL (Specify)	
BURIAL 6-24-29 OXENDINE	CEMETERY KODESON COUNTY N.C.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS YORK RU
JUN24 1969 Pake & 30 00 400	wm. Broke Boroks Towson Inc. Towson, md.
1000 000 0000 0000 0000	DENT PECONS TOWNS TOWNS THE TOWNS TOWNS
VS 151-REV. 1/1/6B A / 9 7	2.00

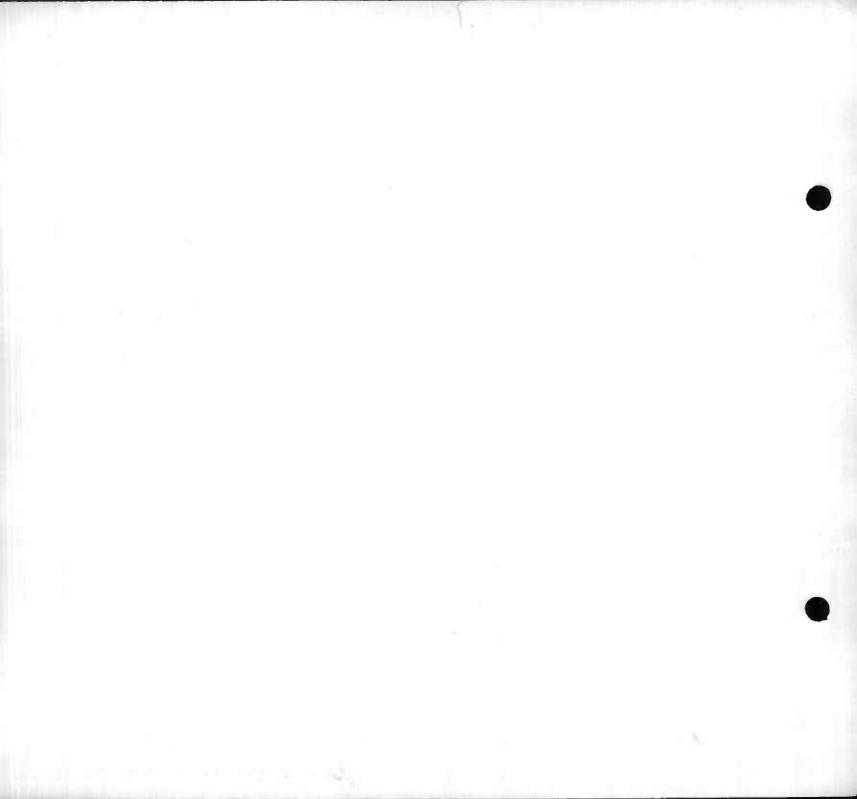


IMPORTANT

DIRECTOR:

FUNERAL





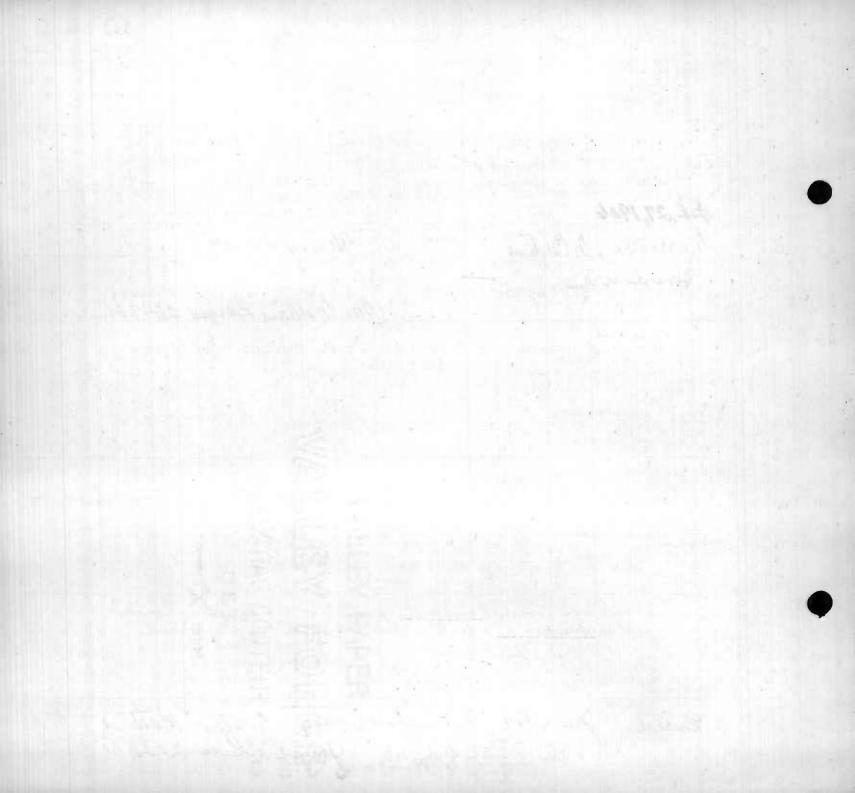




69 6337 BALTIMORE CITY HEALTH DEPARTMENT

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69	6337

BIRTH NO.	DICAL EXAMINER'S	CERTIFICATE OF DEAT	H REG. NO.
1. NAME OF DECEASED		2. DATE Known Month	Doy Year Hour
(Type or Print) ADDIE	BARNES	OF DEATH Estimoted	м.
4. PLACE IN BALTIMORE, MARYLAND, V		3. DATE Month	Doy Year Hour
FULL NAME OF (IF NOT IN HOSPIT HOSPITAL ADDRESS OR LOCAL OR INSTITUTION	AL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD June 5. USUAL RESIDENCE (Where deceased liv	10, 1969 4:40 A _M
00 2647 Edmondson	Avenue		B. COUNTY
6. SEX 7. RACE	B. MARRIED NEVER MARRIED	C. CITY OR TOWN	D. INSIDE CITY LIMITS?
female negro	WIDOWED DIVORCED	Baltimore	YES NO D
9. DATE OF BIRTH 10. AGE (1 lost birthdo	Months Doys Hours Min.	E. STREET AND NUMBER 2647 Edmondson Av	venue
11. BIRTHPLACE (Stole or foreign country) Naturation 1.4A. USUAL OCCUPATION (Give kind of work done goging most of working life, even if retired)	12. CITIZEN OF WHAT COUNTRY? 14B. KIND OF BUSINESS OR INDUSTRY	13. FATHER'S NAME HENRY SEMA Y 15. MOTHER'S MAIDEN NAME	
16. WAS DECEASED EVER IN U.S. ARMEI (Yes, no or unknown) (If yes, give war or dotes	of service) 17. SOCIAL SECURITY NO.	Mr. William Barn	es 21047 Colemande on are
19. 1.1.1 2 . 4.6	CAUSE OF DEA	TH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not meon the mode of dynamics), etc. It meons the injury or complication which coused de	ying, e.g., DUE TO, OR of disease,	sclerotic Cardiovascula CAUSE AS A CONSEQUENCE OF:	ar Disease
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONDITION GIVEN IN FEMALE AND THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RE	(C)	AS A CONSEQUENCE OF:	
DISEASE OR CONDITION GIVEN IN P	PART 1 (A).		
ZUA. DATE OF OPERATION 208. CO	NDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)
			No
UNDERLYING OF CONTRIB-		in or obout 22C. WHERE DID (If in Bottimor bldg., etc.)	e City, give exact location)
22D. TIME (Month) (Doy) (Yeo OF INJURY (APPROX.)	WHILE AT NOT	22F. HOW DID INJURY OCCU	UR?
ACTUAL SIGNATURE EXAMINER'S NAME (Type) Russe	Accident Sulcident M.D. Sulcident M.D. Sulcident M.D. Sulcident M.D.	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER	deoth in my opinion med manner DATE SIGNED 6/10/69
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Courcal 25A. DATE REC'D BY HEALTH DEPT 1960	1469 24C. NAME OF CEMETERY 1469 DVT, LILLIAN 258 NAME OF REGISTRAR	or CREMATORY 24D. LOCATION IN CHILLY TOELDO 25 G. FUNERAL DIRECTOR	(City, tgwn, or county) (Stote) + (Sallund) MA ADDRESS 2 2 3 2 3 M Marto
VS 151-REV. 1/1/68	Juster C. Jarber M.D.	Just Since	odsk n. name a

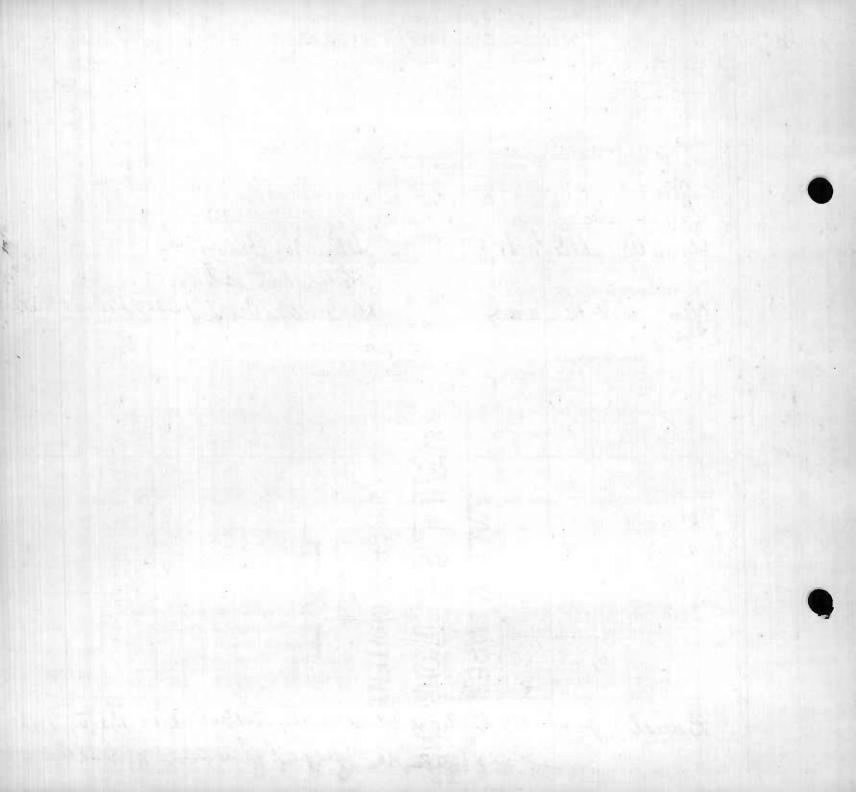




VS 151-REV. 1/1/6B

9 6339 BALTIMORE CITY HEALTH DEPARTMENT

	BALTIMORE CITY HE		69 6330
RIE	MEDICAL EXAMINER'S C	LERTIFICATE OF DEATH REG. NO.	00 0000
	NAME OF DECEASED	2. DATE Known Month Day	Yeor Hour
	pe or Print)	OF Tuno 11	1060 INV
4	RUSSELL CRANFORD PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
		PRONOUNCED DEAD	1601
HO	SPITAL ADDRESS OR LOCATION)	June 15,	1969 11:35 A.,
OR	INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If institution:	residence before admission)
1	1730 Druid Hill Avenue	Maryland B. COUNTY	14-02,
6		C. CITY OR TOWN D. INSIDE CIT	Y LIMITS?
	MAKKIED IVEVER MAKKIED		
	male negro WIDOWED L DIVORCED L		s 💹 NO 🗌
9. [DATE OF BIRTH (10.AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMBER	
	Jan 12, 1808 55	1730 Druid Hill Avenue	9
11.	BIRTHPLACE (Stole or foreign country) 1 12. CITIZEN OF	13. FATHER'S NAME	
1	WHAT COUNTRY?	(I) D. a. V	
6	enne urundu co., mar	How W. Cranford	
don-	.USUAL OCCUPATION (Give kind of work) (4B. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired)	MOTHER'S MAIDEN NAME	
		Collegation Stewart	
16.	WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT AD	DRESS
(Ye	no or unknown) (If yes, give war or dotes of service) SECURITY NO.	40 May 115 May 1 1332	3 Hodryont Clies.
-	418 10-18-72 11-10-40	AV Willam Vangou	APPROXIMATE INTERVAL
(P. 57181 CAUSE OF DEA	JH /	BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY Fatty A	lteration of Liver	
	LEADING TO DEATH		
	(A) IMMEDIATE C (This does not mean the mode of dying, e.g.,	AS A CONSEQUENCE OF:	
	heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)		
	ANTECEDENT CAUSES (B)		
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:	
ш	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
IZ.	(C)		
CERTIFICATION	11		
ð	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
正	DISEASE OR CONDITION GIVEN IN PART 1 (A).		
8	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)
ū			Yes
A	22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g.,	in or about 22C. WHERE DID (If in Baltimare City, give exact	
Q	UNDERLYING OR CONTRIB- home, form, foctory, street, offic	e bldg., etc.) INJURY OCCUR?	. roconony
E	UTING CAUSE OF DEATH.		
Σ	22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
		WHILE	
	m. WORK AT W	YORK	
		tapsy 🛛 and that an this basis, death in my	apinian
	resulted fram: Natural causes X Assident Suicio	de Homicide Undetermined monner	_
	16/1	CHIEF MEDICAL EXAMINER	DATE SIGNED
	ACTUAL INTUINE ACTUAL AND ACTUAL	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	SIGNATURE M.D.		6/16/69
	EXAMINER'S Werner V. Spitz, M.D. NAME (Type)	ASSOCIATE MEDICAL EXAMINER	0/10/0/
24	A BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY.	OF CREMATORY 124D. LOCATION (City, town	, or coupty) (State)
	MOVAL (Specify)	Land I College Town	, or county) (Stote)
1.5	Quite 11, Dene 18,1964 Ballemen 16	What Country SOOI Trederick Un	c. Ball. mx
1	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	DISC EUNICIAL DIRECTOR	DDPESS
25	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR		



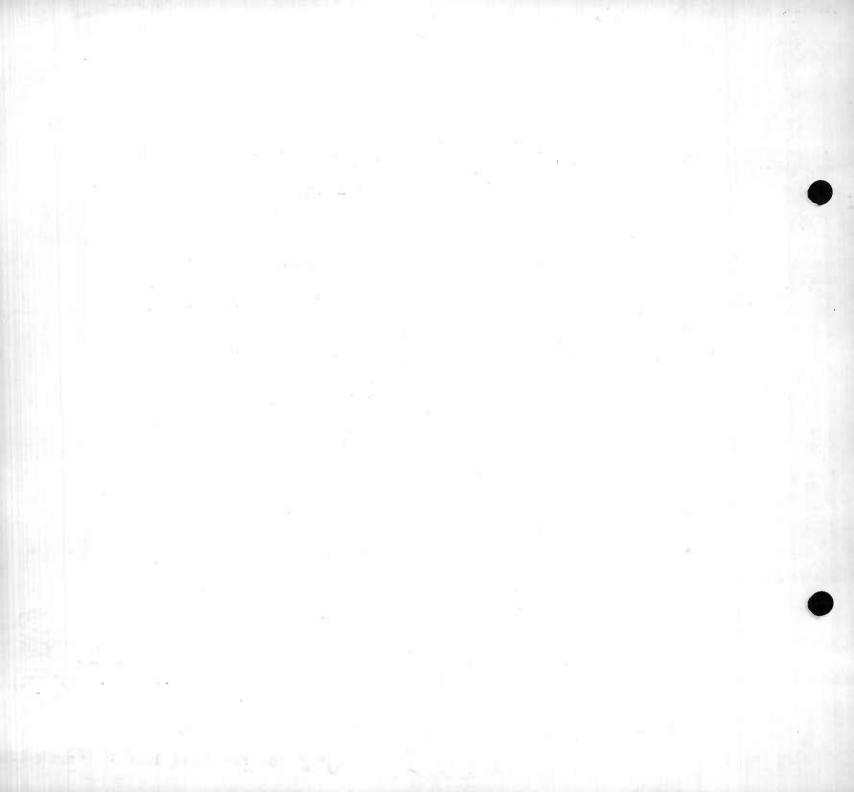
BALTIMORE	CITY	HEALTH	DEPARTMENT
		11000	PELVITALI

		BALTIMORE CITT HEALTH DEPARTMENT
69	6340	CERTIFICATE OF DEATH

REG.	NO.	0.1	,	63	40
					7

	RTH NO.	69	6	340	CERTIFICA	TE	OF DEATH	REG	NO. 1	1.6	340	
	NAME OF DEC							AND HOUR OF				
3.	PLACE IN BAL	HUNTER,	Melvi	in (NMI)	June 20, 1969 4. USUAL RESIDENCE (Where decreased lived, II institution					10:3	14
1						A. 317	D. C.	UNTY	ived. II inst	ilution: resi	dence before	odmission)
II E	ULL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOC. Veterans Admi	AL OR I	UTITZM	TION, GIVE STREET		aryland				14-6	12
11"					on Hospital		YORTOWN			E CITY LIM		
		3900 Loch Rav			11040	E. STR	altimore EET AND NUMBE	R		YES X	NO L	
		Baltimore, Ma	LATSI	10. 2	1210	1:	26 Pennsy	lvania Av	enue			
1	Male	6. RACE Negro	WIDO	WED		8. DAT 2-	= 0F BIRTH -24-10	9. AGE (In y lost birthdoy)	T	II Under 1 Months D	oys Hours	
10	A. USUAL OCCU	JPATION (Give kind of work working life, even if retired)	10B, KIN	D OF	BUSINESS OR INDUSTRY	11. BIR	THPLACE (Slote of	foreign country)		12. CITIZEI	N OF WHAT	
		tion Worker	Co	onst	ruction	A.	Labahama			Ţ	J.S.A.	
13.	FATHER'S NAM	ME				14. MC	THER'S MAIDEN	NAME		1		
	William	Hunter				Ge	ertrude ?					
15. (Ye	Wos Deceased s, no or unknown)	Ever in U. S. Armed For	ces?	ice)	6. SOCIAL	17. INF	ORM ANT	Records		A	DDRESS	
L	Yes	8-7-42 to 1			577-12-91-65	MAH	3900 Loch	Raven B	lvd Ba	lto,.1	4d. 212	18
Г	18.154	-,/ I			CAUSE OF DEATH	1					APPROXIMATE I	
ı		E OR CONDITION DIE LEADING TO DEATH	ECTLY			A	amaki D				WEEK ONSET	AND DEATH
	This does no	ol mean the made of	dying,	e.g.,	(A) IMMEDIATE CAU	SE WE	equence of	aeumonia				
	heori idilure,	asthenia, etc. It means plication which caused	the dise	ose,	504 10, 0K A3 2	CONS	EGOENCE OF			1		
	1	NTECEDENT CAUSES			Advanced	Car	cinoma of	Rectum				
	DISEASES O	R CONDITIONS, ii	ny, gi	ving	DUE TO, OR AS						************	
	UNDERLYING	above cause (A) CONDITION last	slaling	lhe :	(c)							
		11			(0)	*******						
ERTIFICATION	TO THE DEATH	CANT CONDITIONS COL	E TERMIN	NG NAL	(D-000000000000000000000000000000000000							
FIC	19A. DATE OF	OPERATION 198 CON	DITION F	OR WI	HICH OPERATION	20A	AUTOPSY? (Yes or	No) 20B. IF YES	WERE FIN	DINOS CO	NSIDERED	
ERTI	2	WAS PERF					Yes	No) 20B, IF YES	NG CAUS	ES OF DEA	ATH?	
MEDICAL C	OR CONTRIBU	T WAS UNDERLYING TINO CAUSE OF medical examines		21B. Pi home, elc.)	LACE OF INJURY (e.g., In form, foctory, street, off	or obou	121C. WHERE DID	(li In	Ballimore (Cily, give e	xoct locotion)	
(ED)	21D. TIME OF INJURY	(Month) (Doy) (Year)	(Houd)	I .	NJURY OCCURRED		21F. HOW DID I	NJURY OCCUR?				
2	(APPROX.)			While	At Work							
	22. 1 certify	that 🗱 (this hospital)	ottende	ed the		-18		19 69 to	6-20		19	69
	that (1/2 (we)	last saw the decease	dolive	on	6-20	1	9 69 ond	that in (My) (a	ur) opinio	n death o		
	and hour and	from the couses state	ed abov	e. (A)	(We) (did) (ANDWARK vi	ew the	body ofter deat	le .				
	23A. SIGNATUI	11 4	us		Mar) Atten	ding [Med.	Stoff FOT	23	B. DATE S	IGNED	
	23C. PHYSICIAN		us		DEGREE Phys.		Director L	Staff Phys.				
	NAME (Ty					J. ADI	2700 1	och Raver				
24/		AATION, 248. DATE	240	C. N.A.	MD DEGREE	AATOPY	Daltim	ore, Mary				150.00
6	BURIAL	6-25-69			TO NATIONAL					lown, or co		(Stote)
25/	L DATE REC'D		010		NOTHING WALL		FUNERAL DIRECT	BALTO . 1	. 0 2	_ (ADDRESS	
		COULT FOOD	1	O	700		Ursy AIN h		JR 17	35 40	rFord	Ave.

53-97-36 vlb	H-635 69 6341 GERTIEICATE OF DEATH REG. NO. 69 6341
7997	BIRTH NO. 69 6341 CERTIFICATE OF DEATH REG. NO. 69 6341
pital and of death Deceased te on the ath. Such	1. NAME OF DECEASED (Type or Print) SUSIE HERDON. 2. DATE AND HOUR OF DEATH (LZ) 169 930 Am.
spita of)) Dec nce o	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY
hos Se an de	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Baltimore City Hospitals O. INSIDE CITY LIMITS? Baltimore D. INSIDE CITY LIMITS?
	Baltimore City Hospitals
red in uting ed cau ar att prior de.	3 / 4940 Eastern Avenue Baltimore, Maryland 21224 E. STREET AND NUMBER 2408 Woodbrook Avenue 21217
ntrib rmin egule s ma	5. SEX 6. RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days Hours Min, Months Days Min, Min, Months Days Min, Min, Months Min, Min, Months Min, Min, Min, Min, Min, Min, Min, Min,
in the	10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working lile, even if refired) Maryland USA
if dect was	13. FATHER'S NAME Roderville Vergirine Tolson
A Part a de a d	15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) Iff yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT BCH 4940 Eastern Avenue Records: Relitimore Manual and 21224
ORT assiss if th iny kiny eed da dance	Baltimore, Maryland 21224 18. 1990 CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH
examiner of examiner of examiner. And of examiner. And of examiner	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF: AS CALS DOE TO, OR AS A CONSEQUENCE OF: (C) DUE TO, OR AS A CONSEQUENCE OF: AS CALS DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF: AS CALS DOE TO, OR AS A CONSEQUENCE OF: AS CALS DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF: AS CALS DOE TO.
NERAL thief medic so medic Body burn the physician we	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION WAS PERFORMED 2004. AUTOPAY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
FU the diby (2) ere o ph	27A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY Ie.g., in or obout 21C. WHERE DID (If in Boltimore City, give exect location) on CONTRIBUTING CAUSE OF home, form, factory, street, office bldg., INJURY OCCUR?
ed by nospite ature; pt wh (6) No	21D. TIME IMonth) (Doy) IYeor) (Hour) 21E, INJURY OCCURRED While At Work At Work
ratio do do	22. I certify that (I) (this hospital) attended the deceased from 6 19 7 to 6 121 19 07,
to to of a old ((a);	that (I) (we) lost sow the deceased alive on 19 4 and that in (my) (aur) apinian death accurred an the date
must be a released to recident of a hospital to death)	and hour and from the causes stated abave. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE Attending Med. Director Phys. Attending Director Phys. 23D. ADDRESS 4940 Eastern Ave., Balton Md. Alternative Md. Phys. 23D. ADDRESS 4940 Eastern Ave., Balton Md. Phys.
ricate was i A at prior pprior	PHILIP & MATERICO DEGREE BALTO. CITY HOSPITAL WIN
S: (O.O.O.	BENOTE IS PECIFY 6/26/69 MT Auburn Cemetry Baltimore Md 240. Location (City, fown, or county) Baltimore Md
This cathe by shows was leaved deced	25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR AGO D HUS Malstead 1206 W AD RESS AGO D HUS MALSTEAD AGO D HUS MALSTE
- 4 41 7 9 7	VS 150-REV, 1/1/68



69 63/2

NAME OF DEC			-			-					
pe or Print)						2. DATE OF	Knawn 🔯	Month	Day	Year	Haur
FRED HATCHER						DEATH	Estimoted	6	21_	69	3:35
I. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) RINSTITUTION					3. DATE	HAICED DEAD	Month	Doy	Yeor	Hour	
						UNCED DEAD	June	21.	1969	3:35 p	
	_					A. STATE	ESIDEIACE (When	e aeceosea II	B. COUNTY	on: residence b	etore odmission)
	Provide						Maryland			/	1-00
SEX	7. RACE		B. MARR	IED NEV	ER MARRIED	C. CITY OR	TOWN		D. INSIDE (CITY LIMITS?	
Male	Negro		WIDOW	/ED 🗌	DIVORCED _	III E	Balto.		,	YES T	10 🗆
1/1/05	TH	10. AGE (In) lost birthdoy)			r. If Under 24 Hrs. ys Hours Min.		Dolphin	C+			
BIRTHPLACE (State or foreig			12. CITIZEN	N OF	13. FATHER		DL.	_		
Charles City Va A USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTRY)									?		
e during most of			4B. KIND	OF BUSINE	ESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN NA	ME		?	
WAS DECEAS	ED EVER IN U	J.S. ARMED	FORCES	? 17. 50	OCIAL CURITY NO	1B. INFOR			-	ADDRESS	
s, no or onknown	Mili yes, give w	or or doles of	1 service)	215-	-16-3219	Mrs H	Bertha H	atche	r, Sa	ume	
19. / /	2 11				CAUSE OF DEA	ATH					ROXIMATE INTERVA
7	diff				Arterios	cleroti	c cardiov		n diana		EN ONSET AND DEA
DISEAS	SE OR CONDI		TLY		ALLELIOS	CICIOLI	.c cardrov	ascula	i disea	ise	
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heart failure	e, osthenio, etc.	It meons the d	diseose,		DUE TO, OK	AS A CONSEG	VUENCE OF:				
injury or cor	NTECEDENT	CAUSES			(B)	AS A CONSE	Ollence OE:	********	***********		
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/1/05 62 32

Charles City Va U S A

Laborer

215-10-3219 Mrs Bertha Batcher, "ame

IMPORTANT FUNERAL DIRECTOR:

69 6343
BIRTH NO. CERTIFICATE OF DEATH
Type or Print Onul To Varann
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmissic B, COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN D. INSIDE CITY LIMITS?
10 Md. GRNEVAL NOCO: TALL BOXTO. YES XI NO [
5900 Loch Paven 81vd.
SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years If Under 1 Yr., II Under 24 H Idea bittheey) (Months! Doys Hours Min.
OA USUAL OCCUPATION (Give bind of week) OR MIND OF BUSINESS OF BUS
one during most of working life, even if refired)
3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
William Watson Anna G. Maas
5. Wos Deceased Ever in U. S. Armed Forces? (es,no or unknown) (II yes, give wor or dotes of sorvice) 16. SOCIAL SECURITY NO.
yes WW 11 215-07-2635 Martha E Wetson Same
DISEASE OR CONDITION DIRECTLY
(This does not meen the mode of dying, e.g., Out 10. OR AS A CONSEQUENCE OF: Out 10. OR AS A CONSEQUENCE OF:
heart failure, asthenia, etc. Il means the disease, injury or complication which caused death.)
ANTECEDENT CAUSES (B) Adeno Ca of Sigmoid
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION last.
ONDERLING CONDITION lost, (C)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION 20A-AUTORSYS (Yos of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A ACCIDENT WAS UNDERLYING 21B PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID It In Rollimore City, give every location)
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bidg., INJURY OCCUR?
21D-TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY OF
Wark L At Wark L
22. I certify that (I) (this hospital) attended the deceased from 2-26 1960 to 6-22 1963 that (I) (we) lost sow the deceased alive on 1969 and that in (my) (our) opinion death occurred on the deceased from 1969 and that in (my) (our) opinion death occurred on the deceased from 1969 and that in (my) (our) opinion death occurred on the deceased from 1969 and that in (my) (our) opinion death occurred on the deceased from 1969 and that in (my) (our) opinion death occurred on the deceased from 1969 and that in (my) (our) opinion death occurred on the deceased from 1969 and that in (my) (our) opinion death occurred on the deceased from 1969 and that in (my) (our) opinion death occurred on the deceased from 1969 and that in (my) (our) opinion death occurred on the deceased from 1969 and that in (my) (our) opinion death occurred on the deceased from 1969 and that in (my) (our) opinion death occurred on the deceased from 1969 and that in (my) (our) opinion death occurred on the deceased from 1969 and that in (my) (our) opinion death occurred on the deceased from 1969 and that in (my) (our) opinion death occurred on the deceased from 1969 and that in (my) (our) opinion death occurred on the deceased from 1969 and that in (my) (our) opinion death occurred on the deceased from 1969 and that in (my) (our) opinion death occurred on the deceased from 1969 and the
ond hour and from the couses stated above. (i) (We) (did) (did not) view the body after death.
23A. SIGNATURE 23B. DATE SIGNED
June 23, 1969
MANE (1900) Come Dundonan MD
IA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 6/26/69 Loudon Park Cem. Baltimore, Maryland
JUN24 1969 Posset E. Jase, M.D. Dippel Bro's Inc. 7110 Belair Rd.
3 150-REV. 1/1/68

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The state of the s

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO 69 BIRTH NO 1. NAME OF DECEASED 2. DATE Known 🔀 Month Doy Hour Year (Type or Print) CHARLES WARFIELD Estimated 21 69 DEATH 6 7:40 a M 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE Month Day Haur Yeor PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) 1969 Tune 7:40 OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY Sinai Hospital D.O.A. Maryland 6. SEX 7. RACE C. CITY OR TOWN D. INSIDE CITY LIMITS? B. MARRIED NEVER MARRIED X Male Negro WIDOWED DIVORCED _ Balto. YES X NO L 9. DATE OF BIRTH 10. AGE (In years E. STREET AND NUMBER If Under 1 Yr. If Under 24 Hrs. lost birthday) Months, Days, Haurs, Min. 5-4-1944 25 1719 Baker St. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? Isadore Warfield Baltimore, Maryland 14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME dane during most of warking life, even if retired) Beth-Steel Laborer Lena Morgan 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na ar unknawn) (If yes, give war or dotes af service) B. INFORMANT 17. SOCIAL SECURITY NO. ADDRESS Mrs. Lena Warfield 1719 Baker Street No 212-40-2329 19. APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE Multiple stab wounds (This daes not mean the mode of dylng, e.g., heart failure, osthenio, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF injury ar complication which coused deoth.) **ANTECEDENT CAUSES** DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTI 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes ar Na) UNC UTIN 22D. 22B. PLACE OF INJURY (e.g., In ar about 22C. WHERE DID (If in Baltimare City, give exact location) home, farm, factory, street, office bldg., etc.) INJURY OCCUR? **EXTERNAL CAUSE WAS** UNDERLYING TOR CONTRIB 3007 Thorndale Ave. Apt. #1 Apartment UTING CAUSE OF DEATH. 22D. TIME (Manth) (Year) (Haur) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE XX (APPROX.) 69 7:05 an WORK Subject stabbed during altercation 23. Autopsy XX I certify that I held an Inquiry Inspection and that an this basis, death in my apinion Homicide XX Undetermined manner Suicide resulted fram: Natural causes **Lecident** CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER XX SIGNATURE ASSOCIATE MEDICAL EXAMINER EXAMINER'S NAME (Type) Werner U. M June 21 24A. BURIAL CREMATION, 24B. DATE 240. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, tawn, ar caunty) (Stote) REMOVAL (Specify) Baltimore. Maryland 6-26-69 Arbutus Mem, Park Burial 25B. NAME OF REGISTRAR ADDRESS 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR

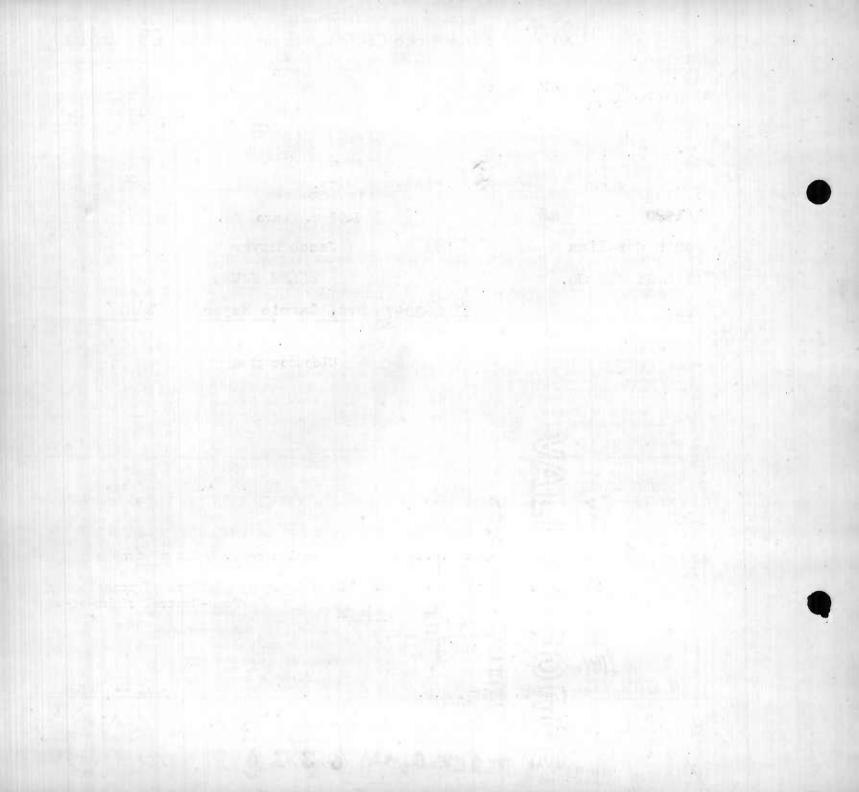
MORTON & DYETT F.H. 1701 Laurens Street

VS 151-REV. 1/1/6B

OF JUSTICE WHITE TO SELECT CONSTRUCTION OF LINE MEDICAL STRUCTURES tel med provide go-di-de librar

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGIN	6
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	781		MEDI	CALI	EXAMINER'S C	ERTIFIC	CATEOR	DEAT	REG. NO.	0	345
-	RTH NO.										-
1. (Tv	Pe or Print)	CEASED				2. DATE OF	Known 🔀	Month	Doy	Yeor	Hour
(.,		KESTER I	HASKEL	MAYER		DEATH	Estimoted 🗌				M.
4.	PLACE IN BAL	TIMORE, MAR	RYLAND, WH	ERE PROI	NOUNCED DEAD	3. DATE		Month	Doy	Year	Hour
	ILL NAME OF	(IF NOT	IN HOSPITAL	OR INSTITU	JTION, GIVE STREET	PRONO	UNCED DEAD		0.7	1000	0.00
	DSPITAL R INSTITUTION	ADDRES	S OR LOCATIO	ON)		c LICUAL D	ECIDENICE AND	Jun		1969	8:20 а м
01	(1145111011014					A. STATE	ESIDENCE (When	e deceosed li	B. COUNTY	n: residence	before odmission)
	1100 bl	k. W. A	nnleton	St.		A. SIAIL	Marylan	d	D. COOINT		10-114
6.	SEX	7. RACE			NEVER MARRIED	C. CITY OR		u	D. INSIDE C	ITY LIMITS?	
	Male	Negro		VIDOWED	DIVORCED 🔲	Balt	0.		Y	ES X	NO L
9.	DATE OF BIRTI		10. AGE (In y	eors If	Under 1 Yr. If Under 24 Hrs.	E. STREET	AND NUMBER			76-51	
1	8/1920		lost birthday)	M	onths, Doys, Hours, Min.	1100	27 27				
					CITIZENIOS	1133	N. Monro	e St.			
	BIRTHPLACE (S			12.	CITIZEN OF	13. FATHER	5 NAME				
	South (Carolin	1a		WHAT COUNTRY?	J	acob May	rer			
14	A.USUAL OCCU	PATION (Give	kind of work 148	B. KIND O	F BUSINESS OR INDUSTRY						
do	AT L GY	vorking life, eve	n if retired)				THE TENT Y	ZOTDIC			
							ELLEN Y	FOUNG			
16	. WAS DECEAS es, no or unknown)	ED EVER IN U	I.S. ARMED F	ORCES?	17. SOCIAL SECURITY NO.	18. INFORA	TAAN		A	DDRESS	
4.	Yes	(ii yes, give w	or or doles or	service	219262097	Mrs.	Carrie	Maver		AME	
-	19.				CAUSE OF DEAT		000220	1100,01			APPROXIMATE INTERVAL
	1-7	2 OF	8		CAUSE OF DEA	п					WEEN ONSET AND DEATH
	DISEAS	E OR CONDI	TION DIRECT	ιY							
		LEADING TO				Auge E	lectrocut	ion			
	(This does n	ot meon the r	node of dying	, e.g.,	(A) IMMEDIATE C			LOU			
	heort loilure	, osthenio, etc.	It means the di	seose,	50E 10, 0K P	O A CONSEQ	OLIVEL OI.				
	injury or con	mplication which	n coused deom	.)							
	A	NTECEDENT	ALISES		(=)						
		OR CONDITIO		SIVING	DUE TO, OR	AS A CONSE	QUENCE OF:				
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	I UNDERLYIN										
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NO					(c)				***************	••••••••	
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ICATION	OTHER SIGN TO THE DEA	IFICANT CON	II DITIONS CON RELATED TO TH	IE TERMINA	IG			***************************************	****************	••••••	
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ERTIFICATION	OTHER SIGN TO THE DEA DISEASE OR	IFICANT CON ATH BUT NOT	DITIONS CON RELATED TO TH GIVEN IN PART	T 1 (A).	IG	S PERFORM	NED			21. AUTC	OPSY? (Yes or No)
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AL CERTIFICATION	OTHER SIGN TO THE DEA DISEASE OR 20A. DATE OF	INTERPORT OF THE PROPERTY OF T	DITIONS CON RELATED TO TH GIVEN IN PART 20B. COND	IE TERMINA T 1 (A).	OR WHICH OPERATION WA			/if in Rollimo	ro City give ev		YES
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CAL	OTHER SIGN TO THE DEA DISEASE OR 20A. DATE OF 22A. EXTER	INTERPORT OF THE PROPERTY OF T	DITIONS CON RELATED TO TH GIVEN IN PART 20B. COND	IE TERMINA I 1 (A). ITION FO	B. PLACE OF INJURY (e.g., me, form, foctory, street, office	in or about 2	2C. WHERE DID NJURY OCCUR?			oct location)	YES 16-04
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CAL	OTHER SIGN TO THE DEA DISE ASE OR 20A. DATE OF 22A. EXTER UNDERLYING UTING CA 22D. TIME OF INJURY (APPROX.)	NIFICANT CON ATH BUT NOT CONDITION (FOPERATION NAL CAUSE V GMOR CONT	DITIONS CON RELATED TO TH GIVEN IN PART 20B. COND WAS RIB- IH.	PITION FO	B. PLACE OF INJURY (e.g., me, form, foctory, street, office ear R.R. track	in or about 2 bldg., etc.)	22C. WHERE DID NJURY OCCUR? Beside P 22F. HOW DID IN	enn. Ra	ailroad UR?	octlocotion) track	YES 16-04
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CAL	OTHER SIGN TO THE DEL DISEASE OR 20A. DATE OF 22A. EXTER UNDERLYING UTING CAPPROX.)	NIFICANT CON ATH BUT NOT IN CONDITION OF FOPERATION NAL CAUSE V	DITIONS CON RELATED TO TH GIVEN IN PART 208. COND NAS RIB- HH. 69 ?	E TERMINA T (A). ITION FO Land L	B. PLACE OF INJURY (e.g., me, form, foctory, street, office ear R.R. track 22E.INJURY OCCURRED WHILE AT NOT AT W	white XX	Page Comment of the c	enn. Ra JURY OCC up pla	ailroad ur? tform of	track	YES 16-04 s
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RIF	RTH NO.	69	6346	CERTIFICA	TE C	F DEATH	REG. NO	69	6346
1.1	NAME OF DECEASED						AND HOUR OF DEATH		
Ť	rpe or Pant)	TOHNSON,	James 1	rvin			-19-69	1	8:15 P
3.	PLACE IN BALTIMORE, MAR	YLAND, WHI	ERE PRONOUNC	ED DEAD	A, USU/	AL RESIDENCE (W	here deceased lived. If i	nstitution: resid	ence before odmissi
FU	ILL NAME OF (IF NOT	IN HOSPITAL	OR INSTITUTIO	N, GIVE STREET		yland	2411	17-	03
IN	KULLIUK			on Hospital	C. CITY	OR TOWN	D. INS	IDE CITY LIMIT	
			n Blvd.	on nospita.	Day	Ltimore		YES X	NO 🗌
			yland 21	218	11	ET AND NUMBER 26 Argyle			
5. :	SEX 6. RACE			NEVER MARRIED	-	OF BIRTH		1	
	ale Negro	V	WIDOWED	DIVORCED	6-2	8-96	9. AGE (In years last birthdoy).	If Under 1 Manths De	Yr. if Under 24 H ys Haurs Min.
on	LUSUAL OCCUPATION (Given during most of working life, ever	kind at work 10: n if retired)	B. KIND OF BUS	INESS OR INDUSTRY	11. BIRTH	IPLACE (Stote or (c	reign country)	12. CITIZEN	OF WHAT COUNT
	Shipping Clerk		Unknown				Pittsburg	U.	S.A.
	FATHER'S NAME					HER'S MAIDEN N	AME		
	homas Johnson				Ella	Coxson			
Ye:	Wes Deceosed Ever in U. S. s,no or unknown) (If yes, give v	wor or dotes o	? 16.	SOCIAL SECURITY NO.	17. INFO		Records		DDRESS
	Yes 7-18-1	8 to 8-	26-19 21	SECURITY NO. 5-01-5582	VAH,	Baltimore	, Md. 3900 L	och Rave	en Blvd 21
	18. 16211			CAUSE OF DEAT	Н				PPROXIMATE INTERVAL
	DISEASE OR CONDI		TLY					9514	VEEN ONSET AND DEA
	(This does not man the	mode of dy	ing. e.g.,	(A) IMMEDIATE CAL	SE CA	ARCINOMA O	F LUNG		6 months
	haart failure, osthenia, etc. injury or complication whic	il magns the	disease.	DUE 10, OR AS	A CONSEG	QUENCE OF:			
	ANTECEDENT		- 11.57						
	DISEASES OR CONDITIO	ONS, if any	oivina	(B)DUE TO, OR AS	A CONSE	QUENCE OF:			
	risa la the obove car UNDERLYING CONDITION	use (A) slo	oling the						
	11	1034		(c)		************************			
ATION	OTHER SIGNIFICANT CONDIT	IONS CONTR	RIBUTING		Des	a ala a Ora a			
AT	TO THE DEATH BUT NOT REL DISEASE OR CONDITION GIV	EN IN PART I	(A).		**********	nchopneumo			
ERTIFIC,	19A. DATE OF OPERATION	WAS PERFOR	ON FOR WHICH	H OPERATION	20 A. A	UTOPSY? (Yes or h	IN CERTIFYING CA	FINDINGS CO	NSIDERED TH?
u	21A ACCIDENT WAS UNDE	RLYING	21 R. PLA	CE OF INJURY (e.g., i					
	OR CONTRIBUTING CAUS	EOF	hame, fa	rm, factory, streat, of	fica bldg.	INJURY OCCUR?	fit in Rollimar	e City, give ex	act location)
200				JRY OCCURRED		21F. HOW DID IN	IIIIN OCCUM		
ž	21 D. TIME (Manth) (Do) OF INJURY (APPROX.)		While At			IIO W DID IN	JOK! OCCUR!		
- 1		1 11	****	☐ At Wark					
	22. I certify that (it (this					0 -	19 69 to Jur		1969
- 1	that 1() (we) lost sow the					69ond t	hot in (成化) (our) opi	nion deoth o	ccurred on the do
- 1	and hour and from the cou	uses stoted	opove. (4) (We) (did) (did 1006) v	ew the b	ody ofter death.			
				Atte	nding [Med.	Stoff -	23B, DATE SI	
			~ ~	DEGREE Phys		Director L	Stoff Phys. 2	6/20/	/69
	23C. PHYSICIAN'S		min		3D. ADDR		D3 3 D 314		
	23C. PHYSICIAN'S NAME (Type)	A Ju	MITMC M	D	44111	LODD KOTOY			
	RALPH		NING M.				Blvd. Balti		
	RALPH BURIAL CREMATION, 24B. REMOVAL (Specify)	DATE	24C. NAME	of CEMETERY of CRE	MATORY	24D.	LOCATION (Cit	y, lown, ar co	unty) (State)
444	RALPH BURIAL CREMATION, 24B. REMOVAL (Specify)	DATE 5-23-69	24C. NAME	of CEMETERY of CRE	MATORY Cem.	24D.	altimore,	y, lown, or co	

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ADDRESS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

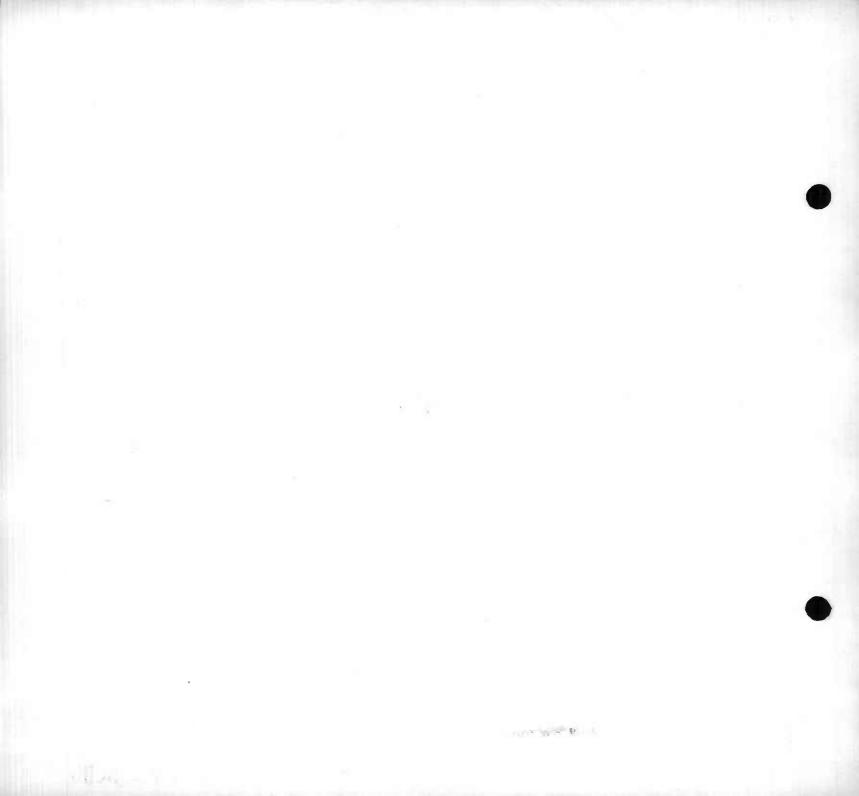
If Under 24 Hrs.

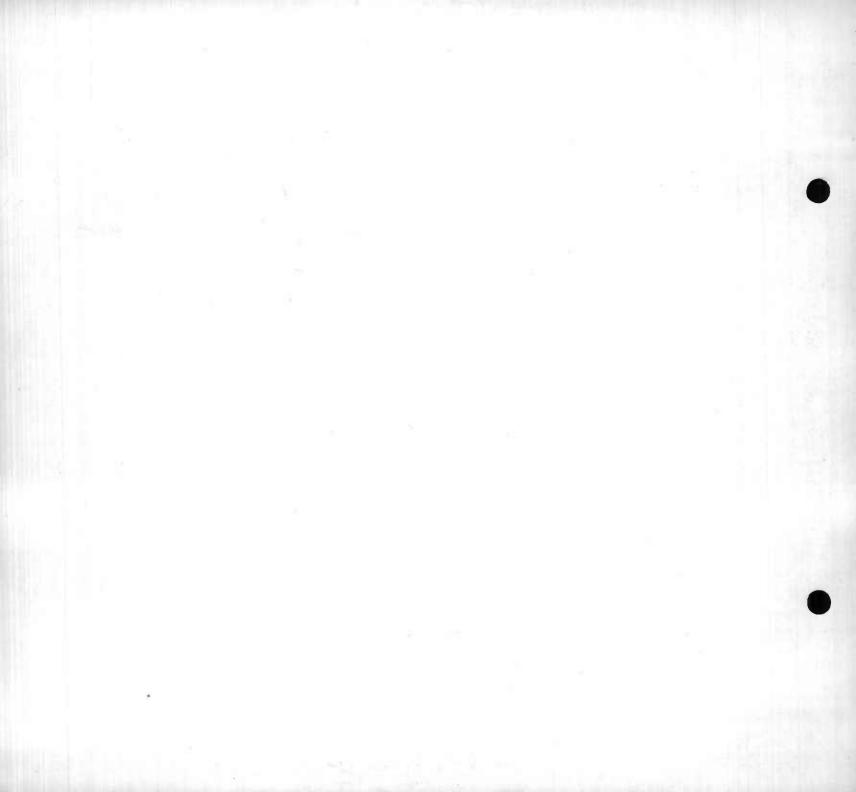
23

(State)

ADDRESS

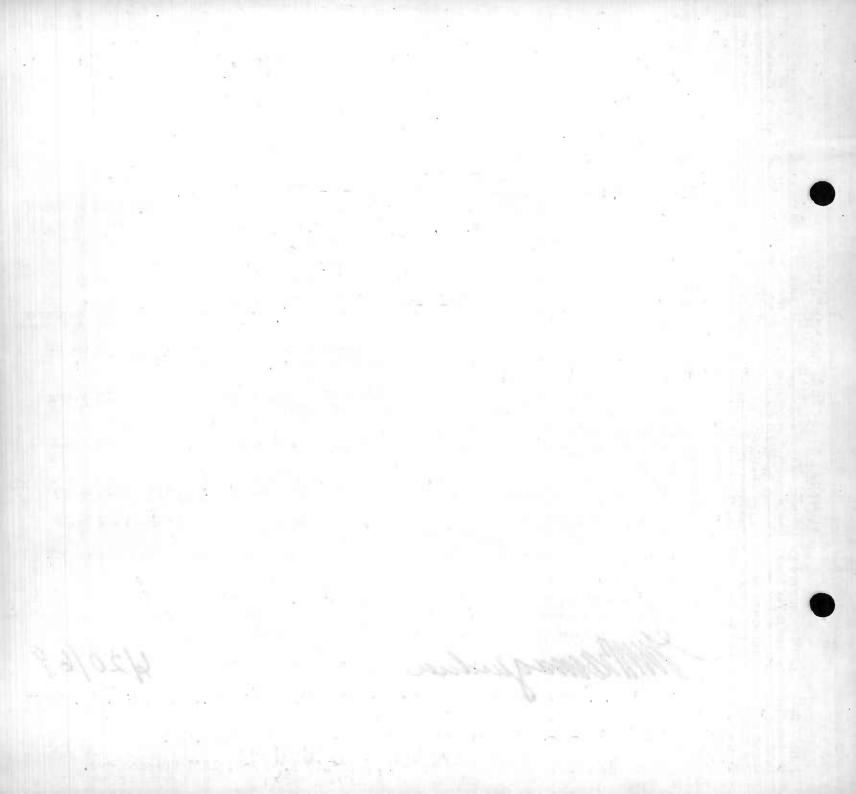
IMPORTANT DIRECTOR: FUNERAL





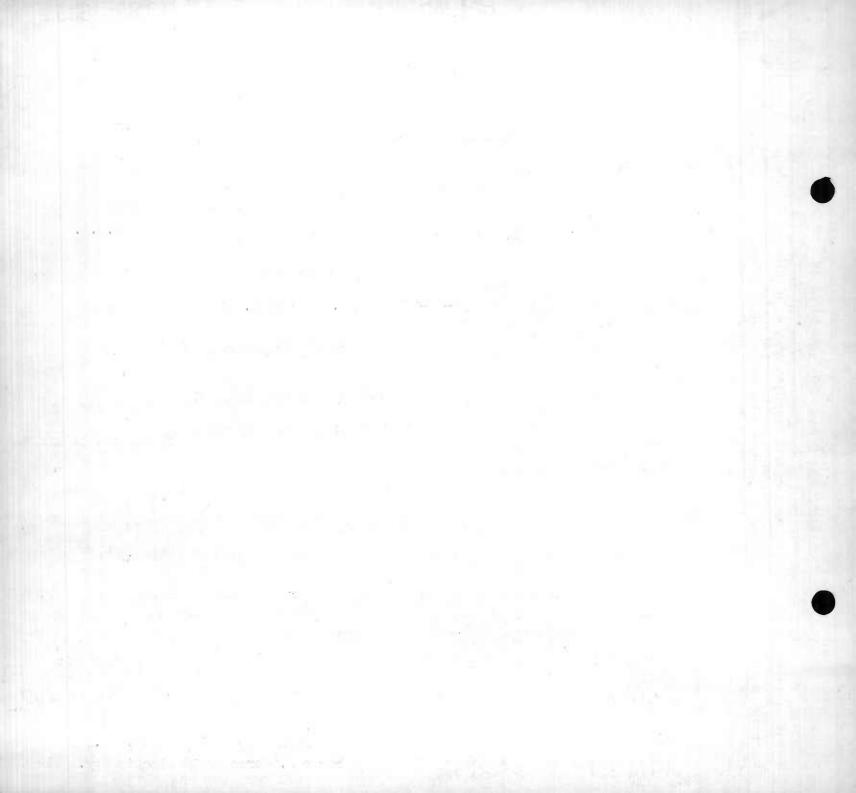


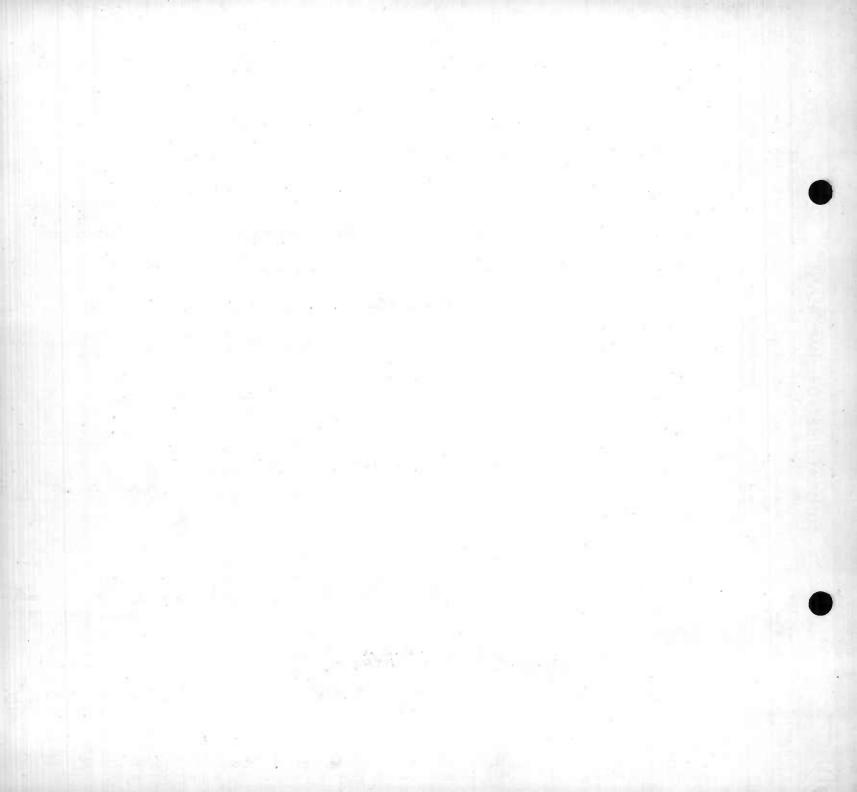
IRTH NO.	-69 - 635					
	0000	U	CERTIFICA	TE OF DEATH	REG. NO.	69 6350
ype or Print)	CEASED				ND HOUR OF DEATH	
ype or Finn	DWARD DRUMGOO	OLE			1, 1969	11:05 A.
PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Whe	ere deceased lived. If ins	titution: residence before admissio
TULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	UTION, GIVE STREET	Maryland		26-54
NOITUTITZ				C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
00	1818 Woodruf	f Avenu	e	Baltimore E. STREET AND NUMBER		YES NO NO
00				1818 Woodruf:	f Avenue	
SEX	6. RACE	7. MARRIED	X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In veors	If Under 1 Yr. If Under 24 Hi Months: Days Hours Min.
Male	White	WIDOWED		4-24-1893	10st birthdoy	Months Days Hours Min.
				11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNT
	working life, even if retired)	ME	g. Co.	Politimono		TICA
Carpent		LA	5. UU.	Baltimore, M		USA
3. FATHER'S NA				14. MOTHER'S MAIDEN NA	ME	
Th	omas			Mary		
	Ever in U. S. Armed For		1 6. SOCIAL	17. INFORMANT		ADDRESS
	(If yes, give wor or date	es of service)	SECURITY NO.	Mamie Drumgoole	1818 Woodn	off Armana
No			212-07-3005		e TOTO MOOGL	APPROXIMATE INTERVAL
DISEASES (rise to the UNDERLYIN)	ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION lost.	ony, giving stoting the		V D with Emphys	sema	10 years
TO THE DEA' DISEASE OR CO 199A. DATE OF 21A. ACCIDE OR CONTRIBI DEATH (noif)	WAS PER NT WAS UNDERLYING DITING CAUSE OF medical examiner	RT 1 (A). IDITION FOR V FORMED 21B. hom etc.	e, form, factory, street, of	20 A. AUTOPSY? (Yes or N n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore	INDINGS CONSIDERED USES OF DEATH? City, give exact location)
TO THE DEA' DISEASE OR C 19A. DATE OF OR CONTRIBUTE OF INTERPRETATION 21A. ACCIDE OR CONTRIBUTE OF INTERPRETATION 21D. TIME 21D.	TH BUT NOT RELATED TO TO CONDITION GIVEN IN PARF FOPERATION 198. CON WAS PER NT WAS UNDERLYING UTING CAUSE OF	RT 1 (A). RDITION FOR V FORMED 21B. hom etc. (Hour) 21E.	PLACE OF INJURY (e.g., in e.g., form, foctory, street, of)	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore	JSES OF DEATH?
TO THE DEA' DISEASE OR CO 19A. DATE OF 21A. ACCIDE OR CONTRIB DEATH (noif) 21D. TIME	TH BUT NOT RELATED TO TAIL TO NOTION GIVEN IN PARF FOPERATION 19B. CON WAS PER NT WAS UNDERLYING UTING CAUSE OF A medical examiner	RT 1 (A). RDITION FOR V FORMED 21B. hom etc. (Hour) 21E.	PLACE OF INJURY (e.g., in the form, foctory, street, of the foctory) INJURY OCCURRED The foctory of the focto	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore	JSES OF DEATH?
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FUNERAL DIRECTOR: IMPORTANT

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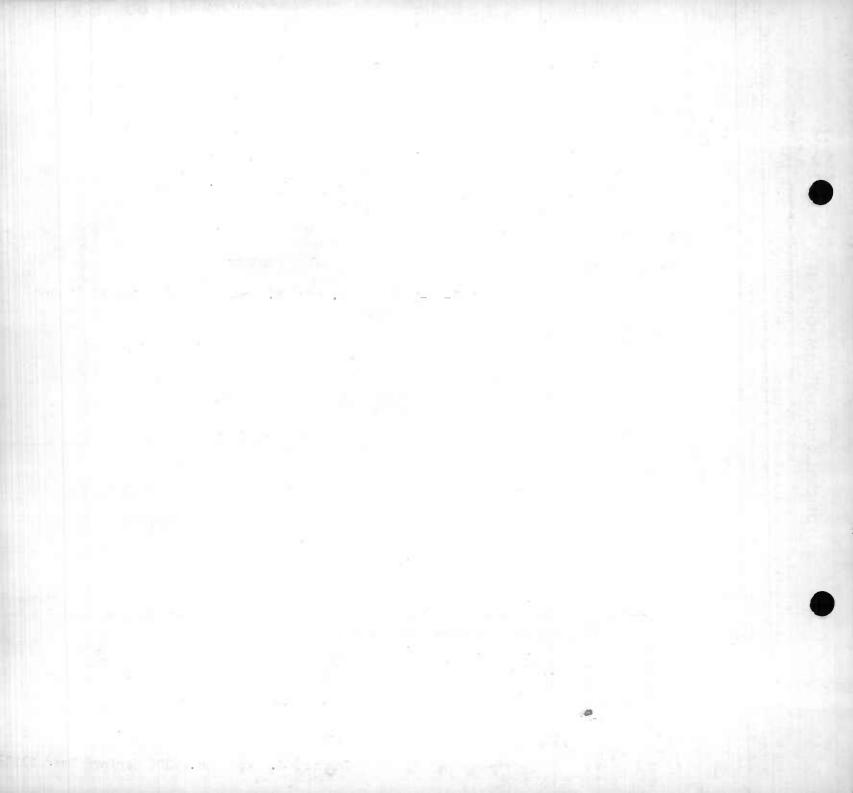




IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/6B

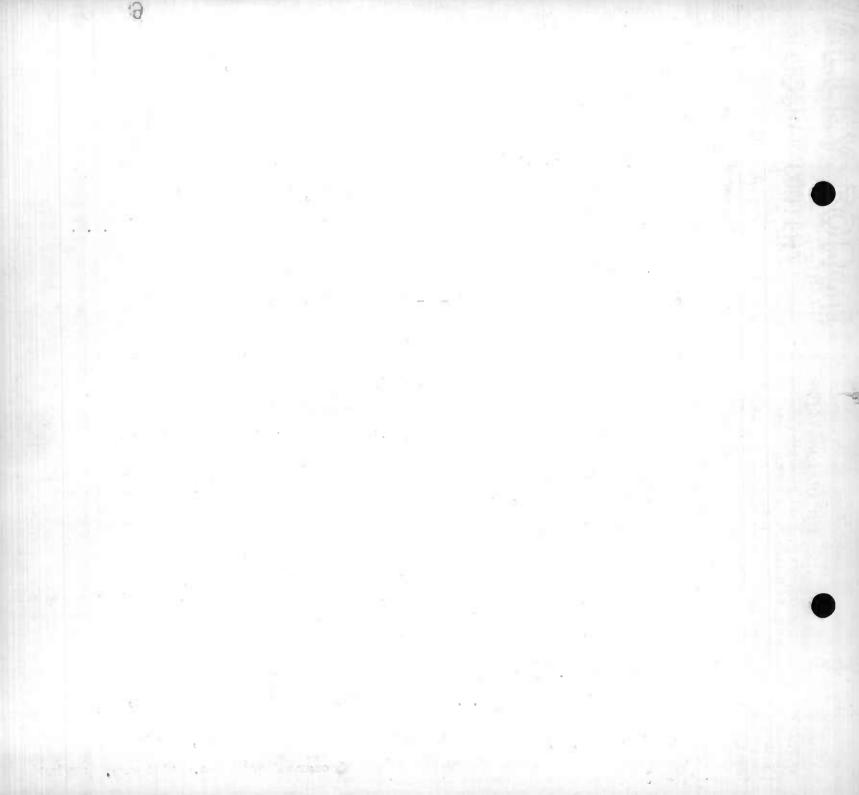


 IMPORTANT

DIRECTOR:

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VS 150-REV. 1/1/6B



STATE NO. CERTIFICATE OF DEATH REG. NO.		11-207) 00	000	BALTIMORE CIT				69	6356
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23C. PHYSICIAN'S LUI'S C OTADO M.D. DEGREE DEGREE 23D. ADDRESS THE UNION MEMORIAL HOSPHIAL 24A. BURIAL CREMATION, REMOVAL (Specily) 6/27/69. Holy Redeemer Cemetery Baltimore, Md. 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED 23D. ADDRESS THE UNION MEMORIAL HOSPHIAL 24D. LOCATION (City, town, or county) (Sto	MEDICAL CERTIFICATION	DISEASES OR TISE TO THE OF THE DEATH B DISEASE OR CONI 19A. DATE OF OP 21A. A CCIDENT NO OR CONTRIBUTIN DEATH (notify me 21 D. TIME (M OF INJURY (APPROX.)	CONDITIONS, if a above cause (A) CONDITION last. II CONDITION CON UT NOT RELATED TO THE CONDITION GIVEN IN PART CERATION 198. CONDITION GIVEN IN CONDITION GIVEN GIVEN IN CONDITION GIVEN	Stating the STRIBUTING E TERMINAL 1 (A). STRIBUTING FOR WHORMED 21B. PI home, etc.J. (Hour) 21E. II White Work	(C)	20A. AUTO	PSY? (Yes or No.) O - WHERE DID JRY OCCUR?	IN CERTIFYING C	AUSES OF	DEATH?
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Baltimore National Cemetery Baltimore, Maryland

25C. FUNERAL DIRECTOR

Herbert E. Nutter

ADDRESS

3035 W. North Ave

6-26-69

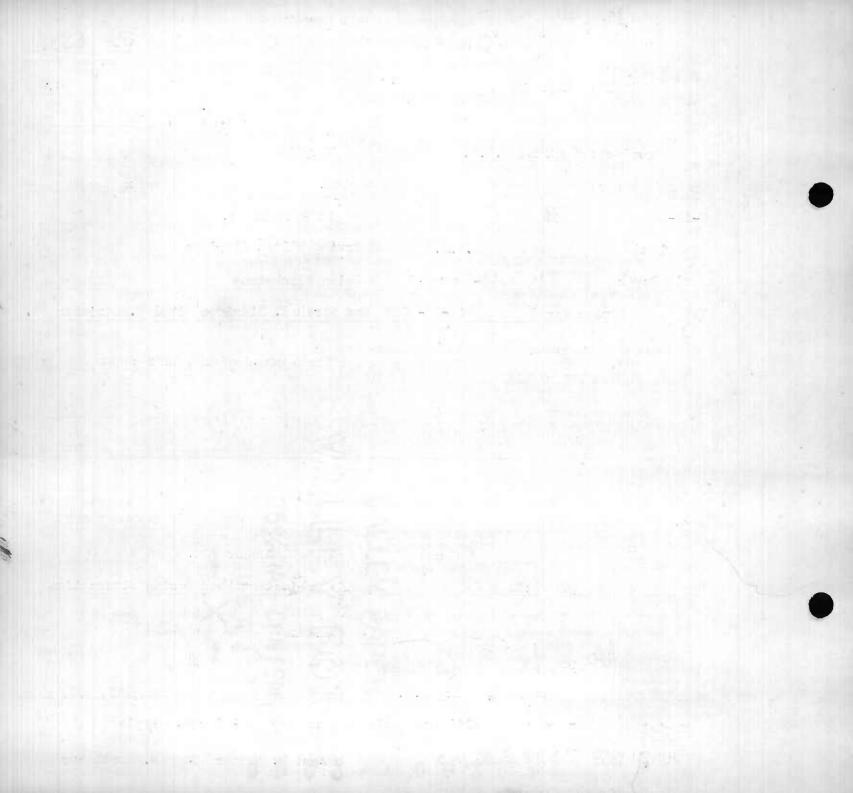
258 NAME OF REGISTRAR

Robert E. Farber M.D.

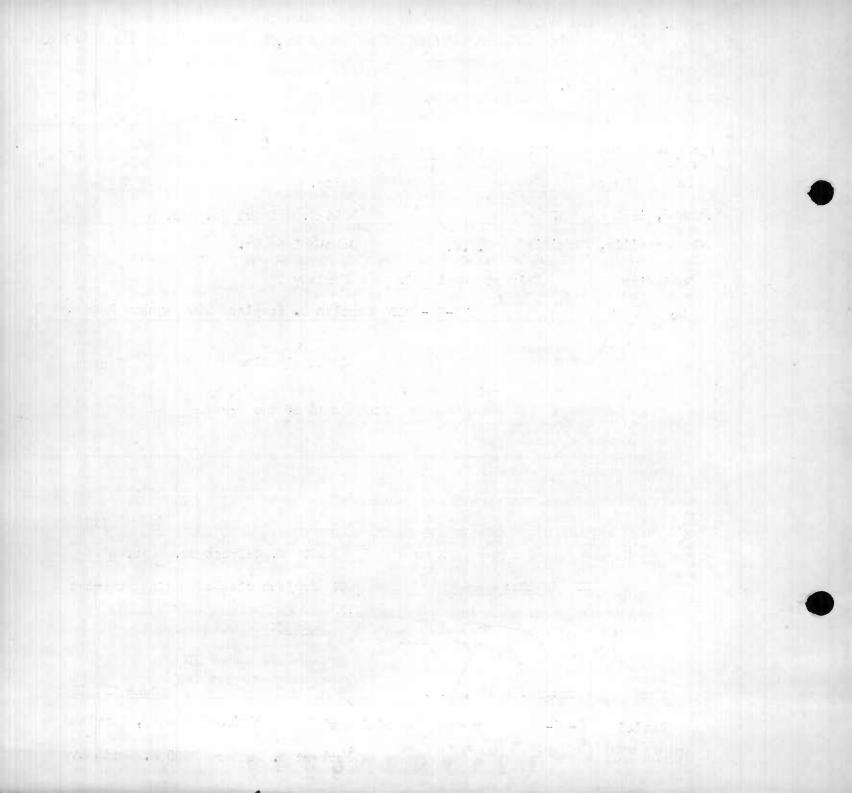
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25A. DATE REC'D BY HEALTH DEPT.

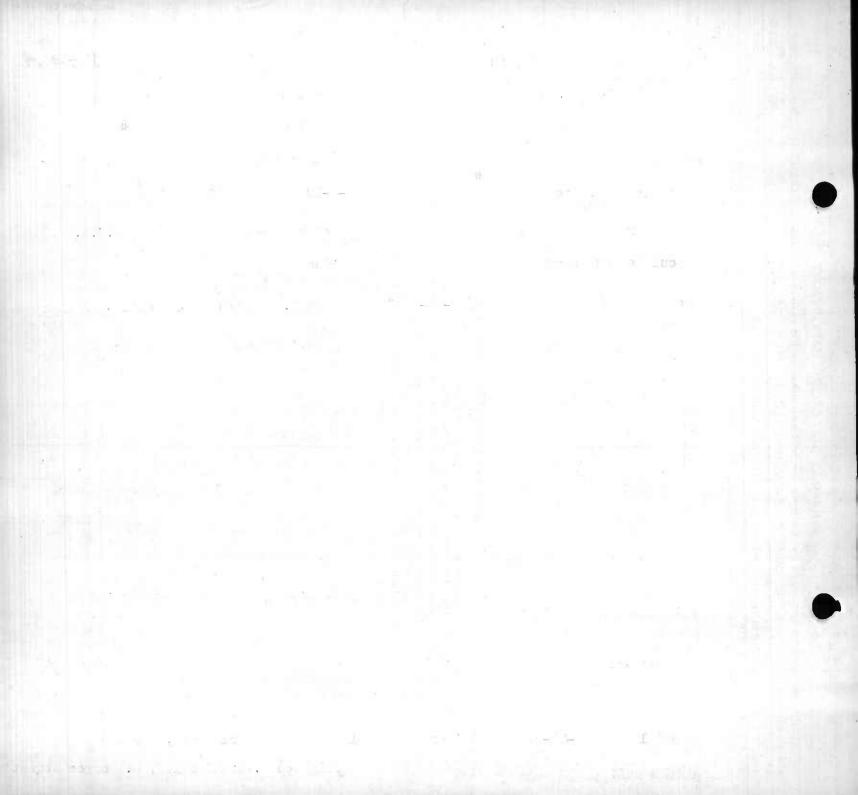


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F	Moultre Mon	tgomery		Edna		
Yes, no or		S. Armed Forces?		17. INFORMANT	내는 의 기	ADDRESS
No.			579-28-2543	Eugene R. Dr	rayton 3016	Woodland Avenue
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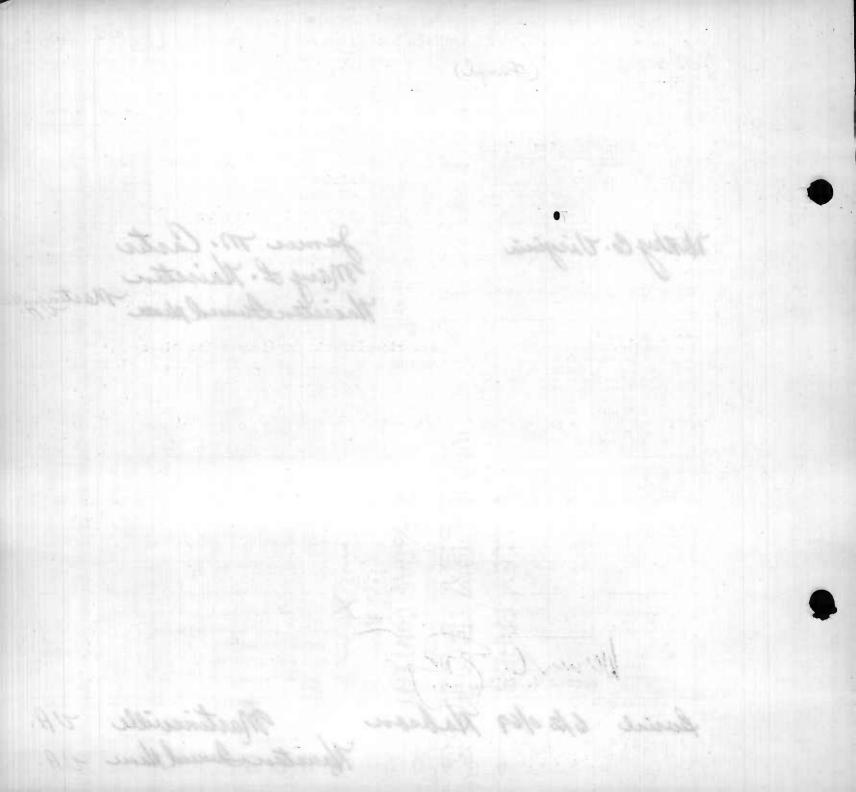


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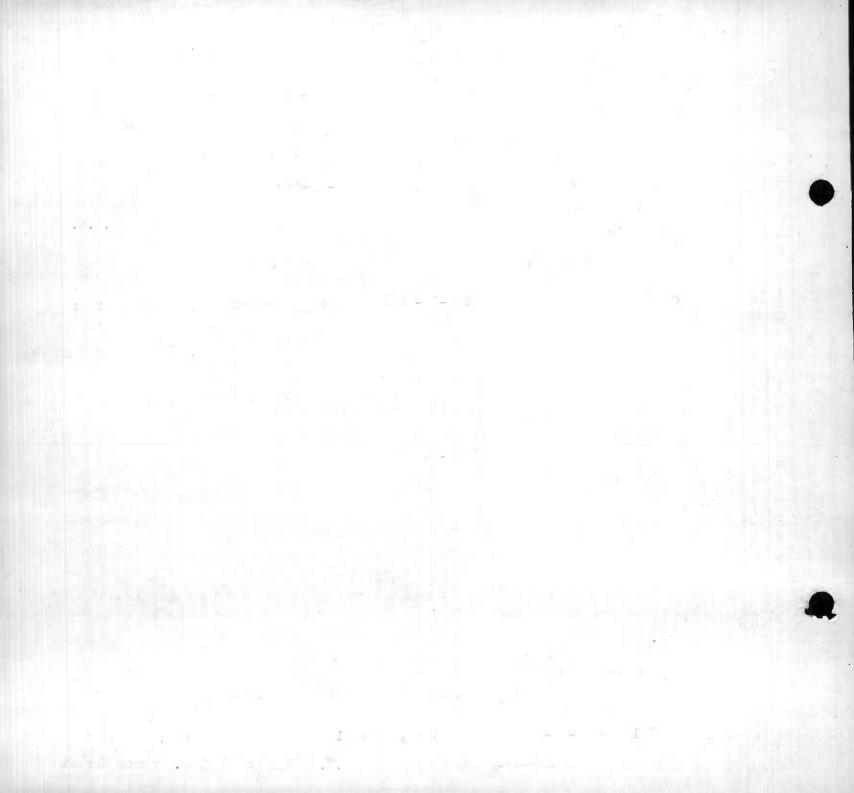
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VS 151-REV. 1/1/6B



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13.	FATHER'S NAM				14. MOTHER'S MAIDEN NA	ME				
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	Was Deceased s, no or unknown)	Ever in U. S. Armed Fo (If yes, give wor or dat	rces?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
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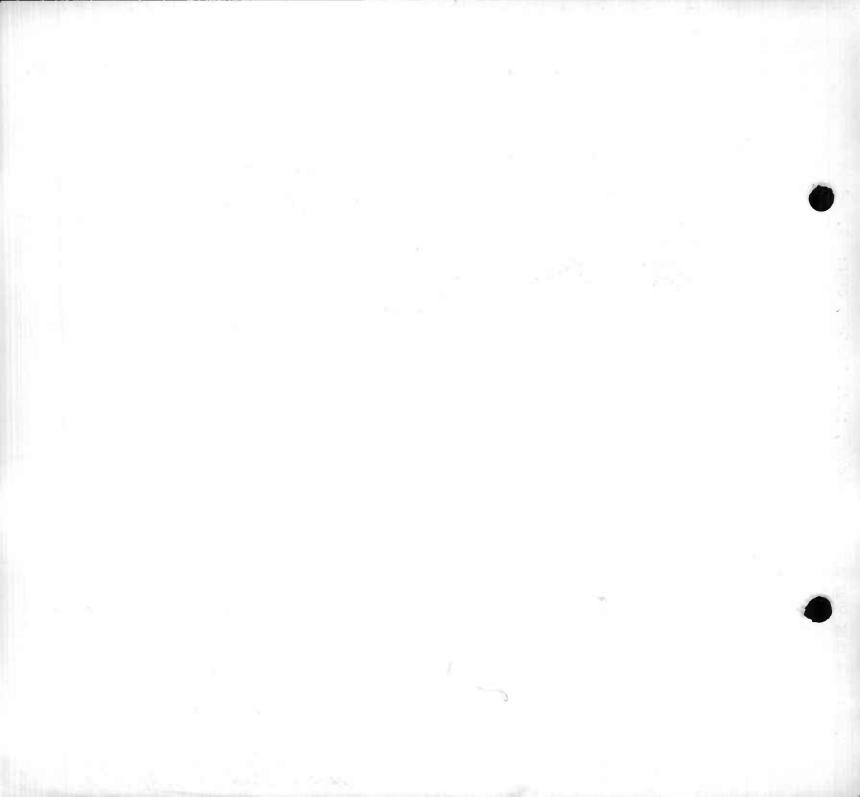


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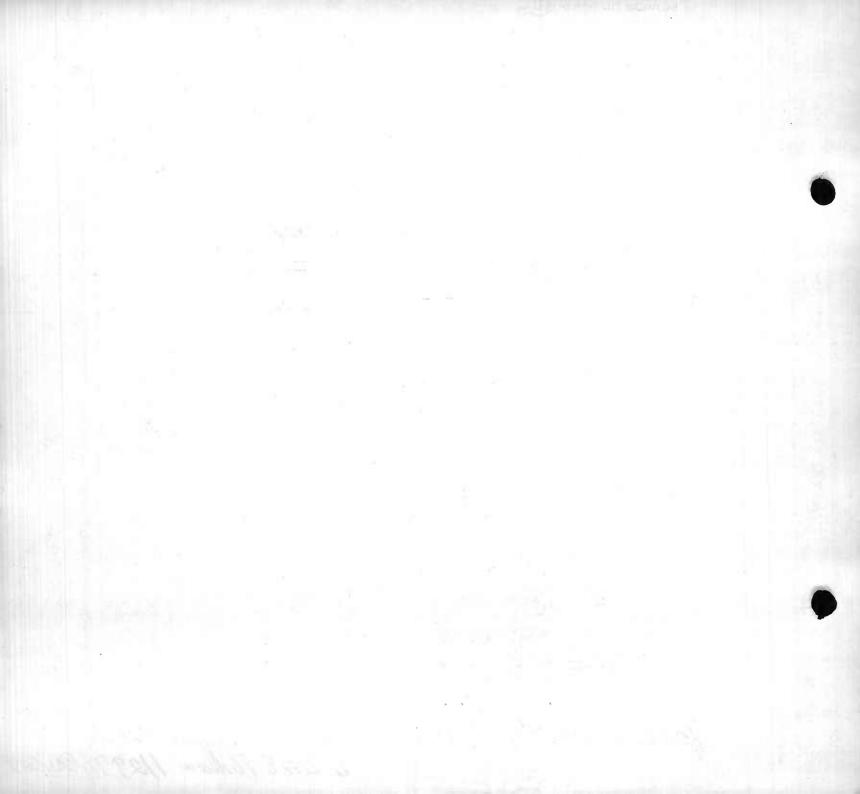
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that (i) (we) last saw the deceased alive an		22. I certify that (1) this hospital ottended the	deceased from JAN	19 49 to	JUNE 23 1969
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JOHN & SOBOTKA MODE The Johns Hopkins Hospital	}	23C. PHYSICIAN'S	DEGREE 11175	Director Phys.	1/27/6)
44. BURIAL CREMATION 1248 DATE DEGREE TO DEGREE THE DEGREE TO DETRIES TO DE LEGISLATION DE LEGIS		T 11. 1 5.7.	RD	ohne Honkine L	Josnital
REMOYAL (Specify) (City, town, or county) (Stote)	4A	BURIAL CREMATION, 248, DATE / 124C NAME	E OF CEMETERY OF CREMATORY	240. LOCATION	101
Remore Auro20/19 Tenbredge Mir aria		Lemone Xuna 4/69		Cenbrea	ge Minainia
JUN24 1969 Robert E. Jaber M.D. 125C. FUNERAL DIRECTOR ADORESS JUN24 1969 Robert E. Jaber M.D. 129 D. Carolin M.D. 129 D. 1)A	HILL O. A. A. C.			ADDRESS D'OF



1	2 (100	BALTIMORE CITY	HEALTH DEPARTMENT		69 6383
BIRT	D-920 69 63	65 CERTIFICA	TE OF DEATH	REG. NO	69 6565
	DE OF DECEASED DE OF PRINTIPE PLAKE, GOORG	C		HOUR OF DEATH	69 144 AT M.
3. F	PLACE IN BALTIMORE, MARYLAND, WHERE PRO		4. USUAL RESIDENCE (Where	deceased Kved. If in	stitution: residence before odmission)
HO	LL NAME OF (IF NOT IN HOSPITAL OR IN SPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
3:	5. OHRS HOPRINS H	OSPITAL	E. STREET AND NUMBER		AVENUE
s. s	EX 6. RACE 7. MARK	HED NEVER MARRIED	B. DATE OF BIRTH 9.	AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.
1	MALE NOURD WIDOW	VED DIVORCED	4-13-20	49	TVIOLITIES DOYS
done	USUAL OCCUPATION (Give kind of work 10B, KINI e during most of working lite, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
	HENRY Blake		JOSEPHINE		
Yes	Was Deceased Ever in U. S. Armed Forces? ,,no or unknown) (If yes, give wor or dates of servi	16. SOCIAL SECURITY NO. 218-10-7533	17. INFORMANT		ADDRESS
-	18.	CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASES OR CONDITIONS, if ony, is a la like abave cause (A) sloting UNDERLYING CONDITION lost.		nomany Eyen a consequence of: 20 mecrony mon @		24 Hores aic DKMOWN HOUSE
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI. TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART I (A).			CARCI NOO	7.4
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AL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21 B. PLACE OF INJURY (e.g., i home, form, factory, street, o etc.)	n or about 21 C. WHERE DID	(If In Baltimor	re City, give exact location)
MEDIC	21 D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJUI		
<	(APPROX.)	While At Work Work	° \ NaA		
	22. I certify that (1) this haspital attend	. /	- /	69 ta 6	12/ 1969,
	that (1) we) last saw the deceased alive			in (my) (aur) api	nian death accurred an the date
	and havr and fram the causes stated abav	e.(1)(We) (did) (did nat) v	view the bady after death.		
	23A. SIGNATURE	Atte	ending Med. S	off []	23B, DATE SIGNED
	francis for		s. Director Pl	iys.	6/3//69
	23C. PHYSICIAN'S NAME (Type) FRANCIS J. SCARE		JOHNS HOP	6 5 /	Lania.
24A		A M.D. DEGREE C. NAME of CEMETERY OF CR		ATION IC	ity, town, or county) (State)
A	Durish June 25/69	Mr aub	UENCENC, U	resport	md.
2		Leber, 8200	Millon E &	hokeow ;	1/29 n. Carling



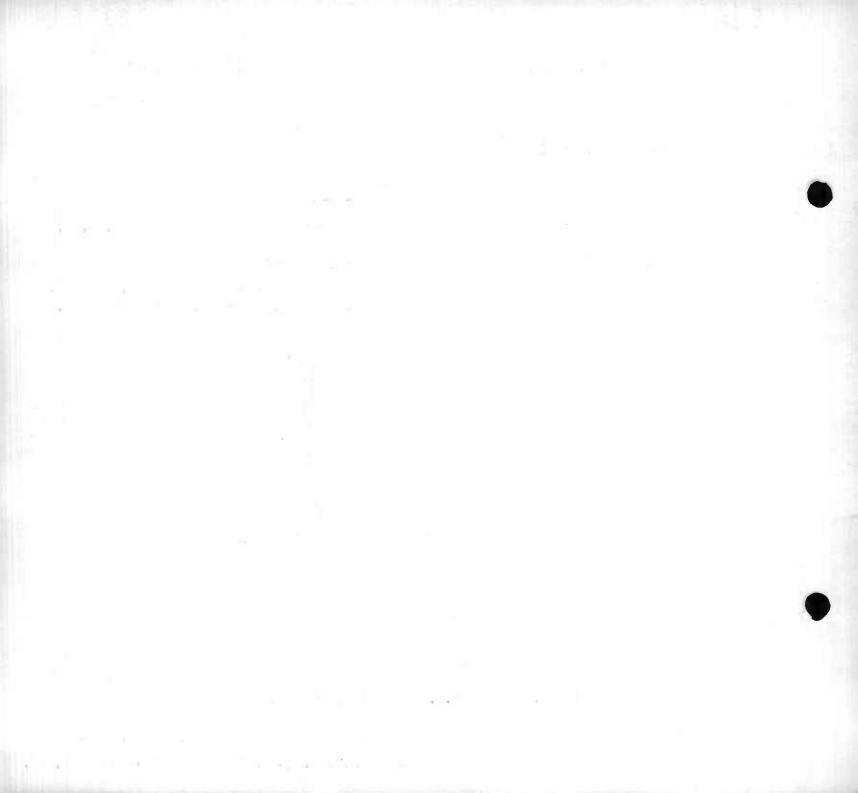
Y	7-64	69 6366 CEDITIEICATE OF DEATH PEG NO 69 6366
	che the	BIRTH NO. 69 6366 CERTIFICATE OF DEATH REG. NO. 69 6366
	and sed the the	1 NAME OF DECEMEN
	SOCO	Type or Point Deceased Meyers Horny H. 2. DATE AND HOUR OF DEATH 6-20-49, 945-0
	of deatl Of deatl Decease e on th	AA AA
	se o (5) D ance deat	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
	hospital ise of (5) Dece ance or death.	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR EOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?
		fruthe Bolticuan Secure Kozulas Baltimon YES NO
		E. SIKEEL AND NUMBER
	d a d	93 1457 Stevenson St.
	ath occurrent contributions of the contributions of the contribution is made in is made.	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years lost birthday) Months; Doys Hours; Min.
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	rect (4) U wa the ispos	I WANTER I WANTER HAME
	N	Donne H. Meyer Ida P. Rollison
2		15. Wes Deserved Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT
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P	so, if any of any or enda	DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMP	<u> </u>	LEADING TO DEATH
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00	er er oro ar ba	heart foilure, astheria, etc. It means the disease, injury or complication which coused death.)
OR	E C B TE	ANTECEDENT CAUSES
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7	ys w	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
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	- 6 - 5 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6	DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR? While As
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	= 0.	that (i) (we) last saw the deceased alive an 6-20 19 and that in (my) (aur) apinion death accurred on the date
		and have and from the causes stated above. (i) (We) (did) (did not) view the bady after death.
	st be ased lent ospit deat nust	23A. SIGNATURE
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	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	23C. PHYSICIAN'S DEGREE Phys. Director Phys. 23D. ADDRESS
	at a s or	C. G. BAUMANN WED Freth Patticion Several Flogrite
	E 3 4 0 0	24A SIIPIAI CREATATION DATE
	FB O O C	240. SURIAL CREMATION, 24B. DATE 24C, NAME of CEMBTERY OF CREMATORY 24D. SOCATION (City, town, or county) (Stote)
	ws: ws: D. D.	DURIAL GAYLEG NEW LATTEGRAL CASTINORS III
	This certithe body shows: (1) was D.O. deceased written a	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTAR 25C. FUNERAL DIRECTOR ADDRESS
	₹₽₹£₽₹	JUN24 1969 June E. Jaben M.D. // (8/11 /30 F FOR THE.
		VS 150-REV. 1/1/68

meyers - ne cally In al Home - 6-26-67- 6,29

TY HEALTH DEPARTMENT X	6367
ATE OF DEATH REG. NO.	0901
2. DATE AND HOUR OF DEATH	30 .
4. USUAL RESIDENCE (Where deceased lived, if institution residence	
Md. BALTIHORE CO.	3-00
Dundalk	NO 📑
E. STREET AND NUMBER 7038, Belclase Rd.	
	If Under 24 His. Haurs Min.
	S. A.
14. MOTHER'S MAIDEN NAME BARRAL - Schmidt.	
17 11 10 00 11 11 11 11	ss Md.
ATH APPROX	XIMATE INTERVAL ONSET AND DEATH
S A CONSEQUENCE OF:	
B CO. + GULLTION DEFECT.	
YPER CALCEMIA.	
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in er about 21 C/WHERE DID affice bldg., INJURY OCCUR?	catlan)
21F. HOW DID INJURY OCCUR?	
5/31 19 69 10 6/21	19.69
19ond that in (my) (our) opinion death occur	red on the date
view the body ofter death.	
tending Med. Stoff Director Phys. D 23B. DATE SIGNET	169
23D. ADDRESS UNIVERSITY HOSPITAL.	
metery 24D. LOCATION (City, town, or county) Baltimore, Market Baltimore, Marke	
	ATE OF DEATH 2. DATE AND HOUR, OF DEATH 8. 4. USUAL RESIDENCE (Where deceased lived, if institution: tesidence 8. 4. USUAL RESIDENCE (Where deceased lived, if institution: tesidence 8. 5. ASTATE 8. COUNTY Md. 8. ATTHORE D. INSIDE CITY LIMITS? C. CITY OR JOWN D. INSIDE CITY LIMITS? YES E. STREET AND NUMBER P. AGE (in years If Under 1 Ye Manthas Days S. DATE OF BIRTH P. AGE (in years If Under 1 Ye Manthas Days S. DATE OF BIRTH P. AGE (in years If Under 1 Ye Manthas Days S. DATE OF BIRTH P. AGE (in years If Under 1 Ye Manthas Days S. DATE OF BIRTH P. AGE (in years If Under 1 Ye Manthas Days S. DATE OF BIRTH P. AGE Manthas Days S. DATE OF BIRTH P. AGE Manthas Days S. DATE OF BIRTH P. AGE P. AGE S. AGE OF COMBUNITY P. AGE S. AGE OF COMBUNITY P. AGE P. AGE S. AGE OF COMBUNITY P. AGE S. AGE OF COMBUNITY



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69 6369 BALTIMORE CITY HEALTH DEPARTMENT

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MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH

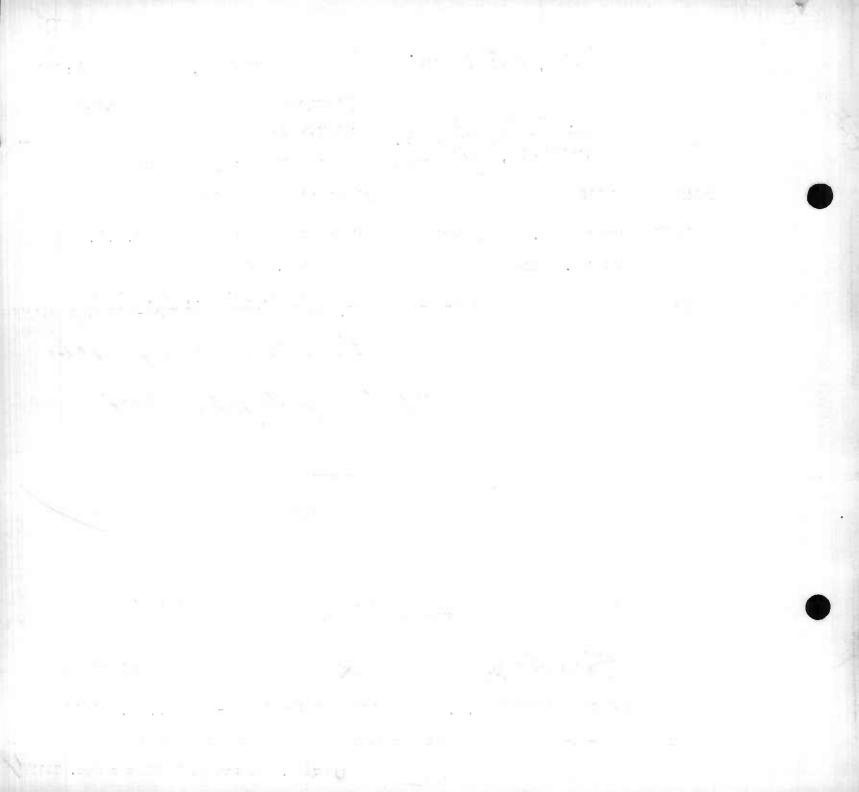
BIRTH NO.	DICAL EXAMINER'S	LEK I IFIC	LATE OF	DEAT	H REG. NO.	וט	0000	
I. NAME OF DECEASED BLynn	C. Perry	2. DATE	Known 束	Month	Doy	Yeor	Hour	=
(Type or Print) PERRY, BLYN		OF DEATH	Estimoted	6	20	69	9:14p	
4. PLACE IN BALTIMORE, MARYLAND, V		3. DATE		Month	Doy	Yeor	Hour	M.
FULL NAME OF (IF NOT IN HOSPITAL	AL OR INSTITUTION, GIVE STREET	PRONOL	INCED DEAD	June	20.	1969	0.1/2	
HOSPITAL ADDRESS OR LOCA	ENDED.O.A.	5. USUAL RE	SIDENCE (Where				efore odmission	M.
South Baltimore	General Hospital	A. STATE	laryland		B COUNTY		7,3-1	1 1
6. SEX 7. RACE	B. MARRIED NEVER MARRIED	C. CITY OR			D. INSIDE CIT	Y LIMITS?	720	0
Male White	WIDOWED DIVORCED	Re	lto.		VE	s 🗓 ı	VO []	
9. DATE OF BIRTH 10. AGE (I	n years If Under 1 Yr. If Under 24 Hrs.	-	ND NUMBER		12	3 []	Md.	2122
Feb. 28th. 1934 lost birthdo		1/40	5 Balto.	-en 60	5 Aldwor	th Rd	, Dunda	alk,
11. BIRTHPLACE (Stole or toneign country)	12. CITIZEN OF	13. FATHER	S NAME	-0-6-0				
Millinocket, Maine	WHAT COUNTRY?	Llew	elyn S.Pe	rry				
14A.USUAL OCCUPATION (Give kind of work	148. KIND OF BUSINESS OR INDUSTR							_
done during most of working life, even if retired)		Lucy	E.Fogg					
16. WAS DECEASED EVER IN U.S. ARMET	FORCES? 17. SOCIAL		ANT (Moth	er)	AD	DRESS		
(Yes, no or unknown) (If yes, give works dates	of service) 117. SOCIAL SECURITY NO.		cy E.Smi		S.Marly	n.Ave.	Essex.	Md.
19.	CAUSE OF DEA		· ·		-	APE	ROXIMATE INTER	
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DISEASE OR CONDITION DIRE LEADING TO DEATH		Calles Ca	aniocerel	hmol is				
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heart failure, asthenia, etc. It means the injury or complication which coused de-								
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TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN P.	THE TERMINAL							
OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION GIVEN IN P. 20A. DATE OF OPERATION 20B. COID		AS PERFORM	ED			21. AUTOI	PSY? (Yes or N	(0)
8 2						YE	c	
22A. EXTERNAL CAUSE WAS	228. PLACE OF INJURY (e.g.,	in or obout 2:	C. WHERE DID	(If in Boltimo	re City, give exoc		15	/
UNDERLYING OR CONTRIB-	home, farm, foctory, street, officer		400 blk.	Sho11	Dd 1911	NT on	Patango	0 4770
≥ 22D. TIME (Month) (Doy) (Yea			2F. HOW DID IN			N. OII	ratapse	O AVE
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resulted fram: Notural cou	ses Accident XX Suici	de Ho	micide 🗌	Undetermi	ned monner			
			HIEF MEDICAL				134	
ACTUAL 1002 1.0	1 Tall.	ASSIS	TANT MEDICAL	EXAMINER	xkx		DATE SIGNED)
SIGNATURE (VICE)	M.I).	CIATE MEDICAL I					
	U. Spitz, M.D.	7330	CIAIL MEDICAL	LANTINGER	T1	ine 21	1969	
24A. BURIAL CREMATION. 24B. DATE	24C. NAME of CEMETERY	or CREMATO	RY 24D.	LOCATION	(City, town	, or county)	Penosisa	ott
REMOVAL (Specify) Burial & Transit 6/24/	/69 E.Millinocke	t Cem-	E	Millin	nocket, M	aine.F	enafsco	di @91
25A. DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR		UNERAL DIRECT			DDRESS		7. 6-0
JUN24 1969	0 0						dalk, Mo	2
JUNA 1303	hover a damen 11.0.	John	n J. Duda	1722	MT26	Dun	Till e Trice	le .

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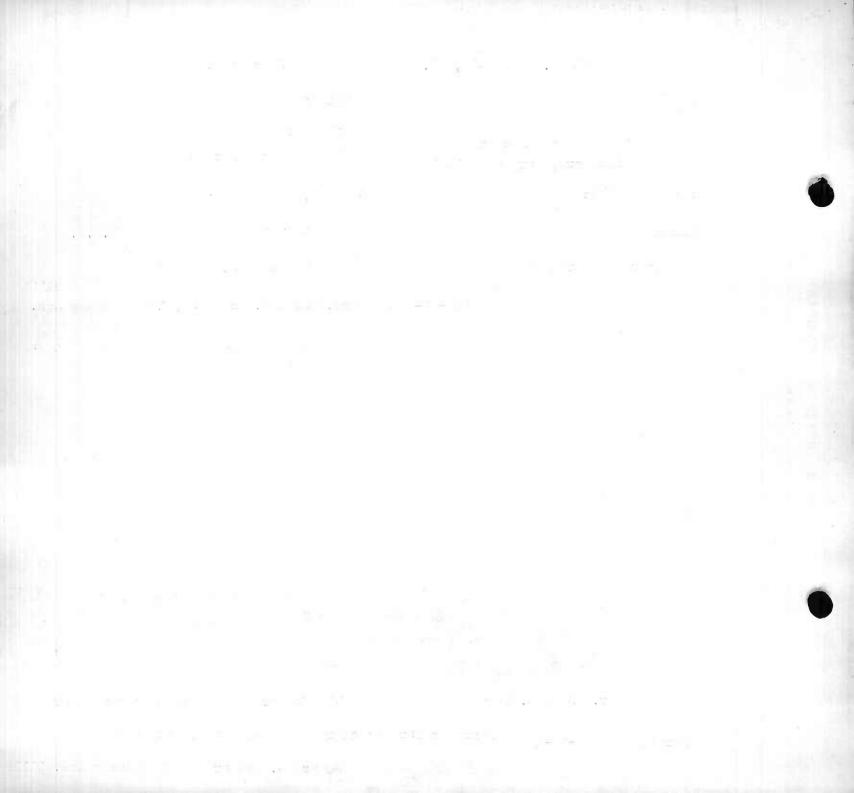
7/7/69 - Correction form from funeral director.

Afe.

7-200	69 6370 BALTIMORE CITY HEALTH DEPARTMENT
5-6-5-6	BIRTH NO. CERTIFICATE OF DEATH REG. NO. 69 6370
f deatlecease on the	1. NAME OF DECEASED (ALSO KNOWN AS - EDWARD R. CANDELORO UNITYPE OF PRINT) WHITE, EDWARD RICHARD JUNE 22, 1969 4:500 M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where doceosed lived, Il institution: residence below odmission)
2 2 2 2 2	HOSPITAL OR ADDRESS OF LOCATION STREET MARYLAND 25-72 21227
to to	ST. AUNES HOSFITAL
	CATON & WILKENS AVES.
9	BALTIMORE, MARYLAND 2711 RITTENHOUSE AVENUE
Baa	7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years lost birthday) Months! Days ! Hours Min.
	MALE WHITE WIDOWED DIVORCED 06 21 24 45
	done during most of working life, even if refired)
	TRUCK DRIVER DOVER POULTRY FLORIDA U.S.A.
direct or c direct or c d; (4) Undet ath was in on the dec	ERNEST R. WHITE MARVEL L. WELK
1	15. Wos Deceased Ever in U. S. Armed Forces? 16, SOCIAL 17, INFORMANT
	AVES. BALIU., MD. 21229
ı	NO 216-18-7222 ST. AGNES HOSP RECORDS - CATON & WILKE
j	DISEASE OR CONDITION DIRECTLY
I	(This does not meon the mode of dying, e.g., (A) IMMEDIATE CAUSE Massive Gastar belowing 10 Mg.
	(This does not meon the mode of dying, e.g., healt failure, asthenia, etc. It means the disease, injury or complication which caused death.)
	ANTECEDENT CAUSES (8) Perforting gigante gastre nlees inco 1958)
	DISEASES OR CONDITIONS, if any, giving BUE TO, OR AS A CONSPONDENCE OF:
	rise to the obave couse (A) stating the UNDERLYING CONDITION last. (C)
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOTRELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994 DATE OF OPERATION 1998 CONDITION FOR WHICH OPERATION WAS PERFORMED 1994 DATE OF OPERATION 1998 CONDITION FOR WHICH OPERATION WAS PERFORMED 1994 DATE OF OPERATION 1998 CONDITION FOR WHICH OPERATION YES IN CERTIFYING CAUSES OF DEATH?
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	YES YES
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, affice bldg., INJURY OCCUR? DEATH (notify medical examine) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, affice bldg., INJURY OCCUR?
	221D. TIME IMonth) (Doy) IYeer) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	OF INJURY While At Not While
	22. I certify that W(this hospital) ottended the deceosed from JUNE 21 19 69 to JUNE 22 19 69 that (I) (we) last saw the deceosed alive on JUNE 22 19 69 and that in (my) (our) opinion death occurred on the date
	ond hour and fram the couses stated obave. (I) (We) (did) (did not) view the body ofter death.
	23A- SIGNATURE 23B. DATE SIGNED
	Schwarz Attending Med. Director Phys. 06 22 69
l	23C. PHYSICIAN'S NAME IType) 23D. ADDRESS
1	SERGIO ALVAREZ M.D. DEGREE 3350 WILKENS AVE-BALTO. MD. 21229
	REMOVAL (Specily) 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION ICity, town, or county) (Stole)
ı	Burial 6-25-69 Loudon Park Cemetery Baltimore, Maryland 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 125C. FUNERAL DIRECTOR ADDRESS
	JUN24 1969 256. NAME OF REGISTRAR 256. FUNERAL DIRECTOR ADDRESS Howard H. Hubbard 4107 Wilkens Ave. 21229
닏	\$ 150-REV. 1/1/68



VS 150-REV. 1/1/6B



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	L NAME OF					, GIVE STREET			NCED D	EAD	Mon	h	Doy			
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	Geor	gia			WH	AT COUNTRY?		Lutl	her I	arme	er					
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don	during most of w		ven if retired)	100												
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	WAS DECEASI				2)	SECURITY NO.								DDRESS	2122	
	No					255-46-29	71 L	awrer	nce I	I. La	auer	, Jr.	1924		ndson A	
TION	(This does not heart failure, injury or com AN DISEASES C RISE TO THE UNDERLYIN	teading to mean the ostherio, et ostherio, et optication when the ostherion with the ost	e mode of dy ic. It means the rich coused de T CAUSES (10NS, IF AN AUSE (A) STA TION LAST.	ying, e.g., e diseose, oth.) Y, GIVING THE		(B)	TE CAUSE OR AS A CO	ONSEQU	JENCE O	f:	nd o	f th	e ches		WEEN ONSET A	
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	A. BURIAL CREA	AATION,	24B. DATE			NAME of CEMETE	RY or CR	EMATO	RY	24D	LOCA	TION		n, or county		ote)
	MOVAL (Specif Burial		6-26-6	9	Me	adowridge	Memo	rial	Patl	k W	ash.	B1v		oward	Mar	yland
25	A. DATE REC'D		DEPT.	25B. N	NAME O	F REGISTRAR		25C. F	UNERAL	DIREC	TOR		Α	DDRESS		
		JUN	24 196	9 06	Bert	E. Jaben, 1	(a,)	How	ard!	Н₀ Н	ubba	rd 4	107 Wi	1kens	Ave.	21229

VS 151-REV. 1/1/68

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19	IRTH NO.	63	CERTIFICA	TE OF DEATH	REG. NO	00	6373	
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3.	PLACE IN BALTIMORE MARYLAND,		NINGER DE LO	4. USUAL RESIDENCE (Who	1-69		10:30 A.	
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н	ULL NAME OF (IF NOT IN HOS	PITAL OR INSTI	TUTION, GIVE STREET	MARYLAND		IE ARUND		
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-	33 BALTIMORE, M	D 2120	5	E. STREET AND NUMBER		YES 🔀	NO []	
				519 MONROE	CIRCLE			
	FEMALE WHITE	WIDOWED	NEVER MARRIED DIVORCED	8-18-18	9. AGE (In years last birthdoy)	If Under 1 Yr. Months Doys	If Under 24 Hr Hours Min.	
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-	Housewife	'	Own Home	Baltimore	Md.	USA	•	
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NA				
	WILLIAM MARIN			MARGARET	(Unkno	own)		
5. Ye	. Was Deceased Ever in U. S. Armod es, no or unknown) (if yes, give war er d	Ferces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADD	RESS	
	no	WATER MARKETER	1000	Frank Barre	tt. Husband	. same as	4	
	18. 5 9 9 0 1		CAUSE OF DEATH		,	APPI	ROXIMATE INTERVAL	
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	LEADING TO DEAT		(A)IMMEDIATE CAU	ISE gram megal	we seps	us !	31.	
	(This does not mean the mode heart failure, asthenia, etc. Il mea	ns the disease	DUE TO, OR AS	A CONSEQUENCE OF:	7		atendaria territoria accessor	
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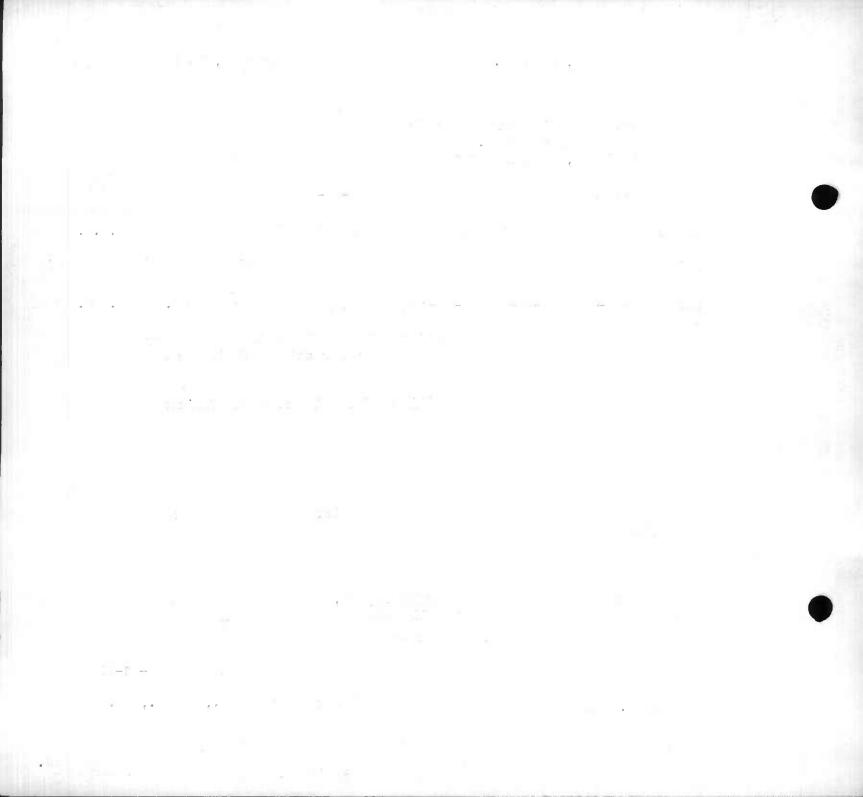
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BI	RTH NO.	69	63	74 CERTIFICA	TE OF DE	ATH	REG.	NO. 6) {	374	
	NAME OF DEC	MOUNTS, WE	yne D)		2. DATE A	nd Hour of ne 20, 1	DEATH 969		7:	30 P
3.	PLACE IN BA	LTIMORE, MARYLAND, W	-		4. USUAL RESIDI				tilution: re		
E	ULL NAME OF	(IF NOT IN HOSPIT	AL OR INST	TUTION, GIVE STREET	Maryland		***			9-1	22.
iñ	ISTITUTION			tion Hospital	C. CITY OR TOWN				E CITY LI	мпѕ?	
	22	3900 Loch Ray			Baltimor				YES 🔼	N	o 🗌
-		Baltimore, Ma			1708 Win		e Avenue	1			
5.	SEX	6. RACE	7. MARRIE	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In ye	Ors	If Under	1 Yr. , li	Under 24 Hr
	Male	White	WIDOWE		9-16-90		9. AGE (in ye lost birthdoy)	8	Months	Doys H	ours Min.
10. do	A, USUAL OCC ne during most of	UPATION (Give kind of work working life, even if retired)	108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	itote or fore	ign countryl		12. CITI	EN OF W	HAT COUNTR
	Brakemar		Rail	road	West Virg	inia				U.S.A	e
	FATHER'S NA				14. MOTHER'S M.	AIDEN NA					
	Madison	Mounts			/#II##/II	pepIp;	skip/	Aleyi	cair!	Blank	enship
15.	Wes Deceesed	Ever in U. S. Armed For	es? s of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		Records	;		ADDRESS	
	Yes	5-28-18 to 7			VAH, 3900	Loch	Raven E	lvd.	Balt	o. Md	. 21218
	18.	n 1		CAUSE OF DEAT	H				1		AATE INTERVAL
	DISEA	SE OR CONDITION DIR	ECTLY	Infiltrat	ting Carcin	noma o	f Gall	55af8	er !	ETWEEN O	NSET AND DEAT
		LEADING TO DEATH		AND DESCRIPTION OF THE PROPERTY CALL	se Obstruct						
	(This does r	nal mean the mode of asthenia, etc. Il means	dying, e.g	DUE TO OR AC	A CONSEQUENCE O		opavic .	JUC 08			***************************************
	injury at con	nplication which caused	death.)	·,					1		
		ANTECEDENT CAUSES		Biliary	Cirrhoeie	Reenh	egol Ver	ni oo e	- 1		
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	rise to the	e abave cause (A) G CONDITION last	sloting th	e							
	ONDEREITH	o CONDITION last,		(C)	***************						
Z	OTHER SIGNIE	II FICANT CONDITIONS CON	ITRIBUTING								
ATIC	TO THE DEAT	H BUT NOT RELATED TO THOUSENIN PART	E TERMINAL	***************************************	**************	***************************************					
CERTIFICATION	19A. DATE OF		DITION FOR	WHICH OPERATION	20A. AUTOPSY? Yes	(Yes or No	IN CERTIFY	WERE FI	NDINGS SES OF D	CONSIDER	RED
	21A. ACCIDEN	NT WAS UNDERLYING TINE CAUSE OF	21	B. PLACE OF INJURY (e.g., i		RE DID				exoct loco	
CAL	DEATH (notify	medical examiner	et	c.)	ice biog, INJUST C	CCO K!					
	21 D. TIME OF INJURY	(Manthl (Doy) (Year)	(Hour) 21	E INJURY OCCURRED	21F. HOV	LNI DID V	URY OCCUR?				
ξ	(APPROXI		W	Thile At Not While At Work	П						
	22 1 contifu	that (15 (this hospital)			ay 21.		19 69 ta	June	20		10 69
		last saw the decease			60			***********			19
				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	***************************************		at In (🕳) (a	ır) opini	an deatl	h accurre	d on the dat
	23A. SIGNATU	tram the causes state	d abave.	(We) (did) (attail) (attail)	lew the bady afte	er death.					
		is his	10	UZ Am	nding [ ] Med.	_	2 L	2		SIGNED	
	23C. PHYSICIA	N'S		DEGREE Phys	. U Direc		Staff Phys.		6-21	-69	
	23C. PHYSICIA NAME (T				23D. ADDRESS	n	773 3	en .	3 -	1 0	244
	VISHM	J B. MULAY		DEGREE	3900 Loch			Balto	) , M	d. 21	218
241	REMOVAL (	MATION, 24B. DATE	24C.	AME of CEMETERY OF CRE	MATORY	24D. L	CATION	(City,	town, or	countyl	(Stotel
	Burial	6/24/69	Ba	ltimore Nation	al	Bal	timore.	Mari	hand		
25	DATE BECOM	MAN AND ALL MAN PROPERTY.						A A SALA V			

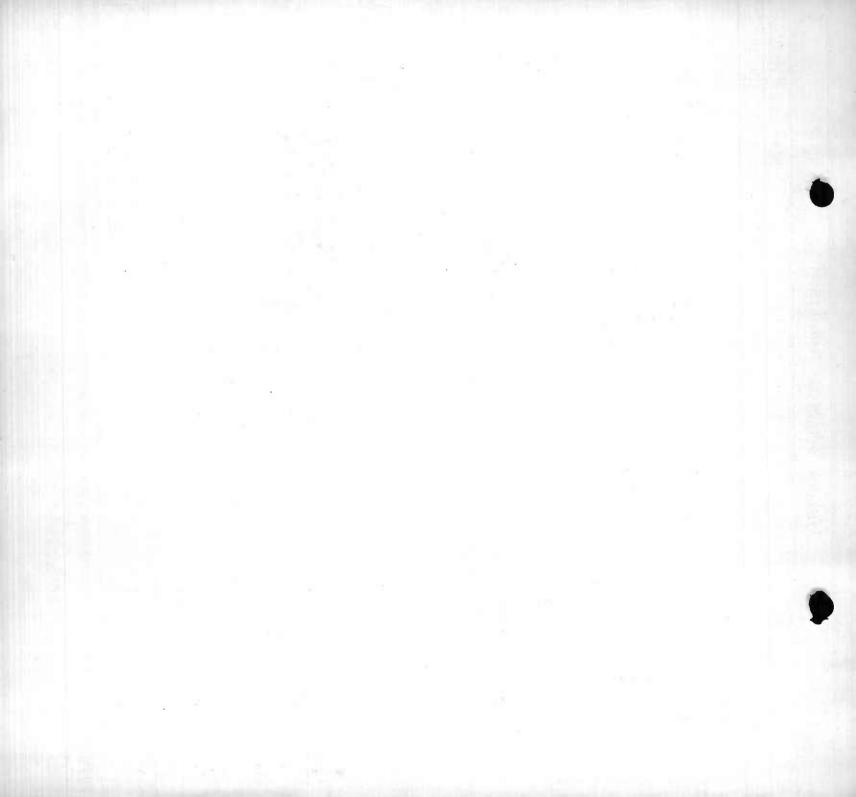
VS 150-REV. 1/1/68

William E. Johnson

Ravel Blyd. 8521 Loch Baltimore,



VS 150-REV. 1/1/68



24C. NAME of CEMETERY or CREMATORY

June 23

ADDRESS

(City, town, or county

24D. LOCATION

25C. FUNERAL DIRECTOR

NAME (Type)

DATE REC'D BY HEALTH DEPT.

24A. BURIAL CREMATION,

REMOVAL (Specify)

VS 151-REV. 1/1/68

Werner U.

25B. NAME OF

hetter from MES Office.

	CO	Daring BALTIMORE CITY	HEALTH DEPARTMENT								
BIRTH NO.		6377 CERTIFICA	TE OF DEATH	REG. NO.	b9 5377						
(Type or Print) 2. DATE AND HOUR OF DEATH 6-23-69 10 42											
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, Il institution: residence before admission)  A. STATE B. COUNTY											
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)			C. CITY OR TOWN,	D. INSIDE C	26-05 ITY LIMITS?						
37 Mercy			12Alto	YES	NO 🗌						
			E. STREET AND NUMBER 300 S. DREW St.								
5. SEX	1 7.10	RRIED HEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH		Under 1 Yr. If Under 24 His. nths Doys Hours Min.						
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLA CE (Sible of lorging country) 113 CITIZEN OF WHAT CO											
HOU	of working life, even if retired)	000		VSA							
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAA	AE d	USA						
15. Was Deceased Ever in U. S. Armed Forces? 11 6. SOCIAL			JANA 17. INFORMANT	da C.	Kughes						
(Yes, no or unknow	(II yes, give war or doles of ser	SECURITY NO.	0 0	1 4 5 11 5 1 5 1	ADDRESS						
18.//	3 // 1	CAUSE OF DEAT		ACKBURN	ABOUE APPROXIMATE INTERVAL						
DISEASE OR CONDITION DIRECTLY											
(This does not mean the mode of dying, e.g., DUE TO DR AS A CONSEQUENCE OF											
heart failure, ashenia, etc., it means the disease, injury or camplication which caused death.)											
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating (he UNDERLYING CONDITION last.  (B) DUE TO, OR AS A CONSEQUENCE OF:  (C) (C)											
						TO THE DE	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
U 19A. DATE	DISEASE OR CONDITION GIVEN IN PART I (A),  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED										
WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?											
21A. A CCIDENT WAS UNDERLYINO   21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR?											
OF INJURY	(Month) (Day) (Year) (Hourt	21E INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?							
(APPROX.)		While At Not While At Work									
22. I certify that (I) (this hospital) attended the deceased from 6-12-10 1969 to 6-33											
that (1) (we) last sow the deceased alive on											
ond hour and from the couses stoted above. (1) (We) (did) (did not) view the body after deoth.											
23A. SIGNATURE  23B. DATE SIGNED  Attending Med. Shoft											
Degree Phys. Director Phys. Director Di											
NAME (Type)											
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. ECCATION (City, town, or county) (Stote)											
BURIAL 6/26/69 MORELANDS BALTO. MO.											
25A. DATE REC	and the second of the second o	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS						
VS 150-REV. 1/1/68 VS 150-REV. 1/1/68 JOHN SONS 300 MACE											



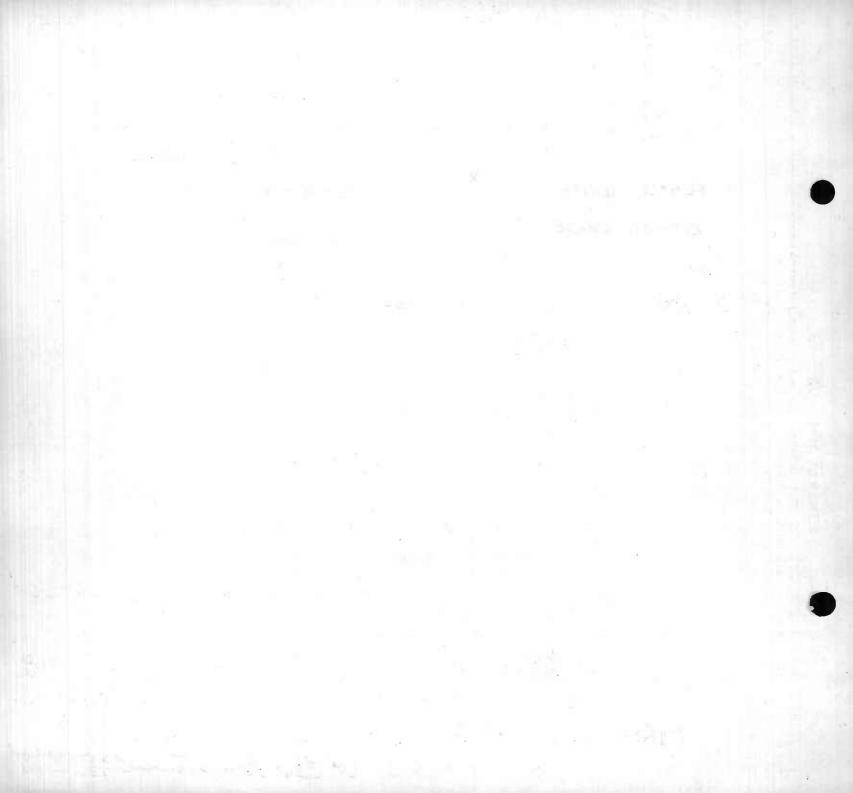


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

IMPORTANT FUNERAL DIRECTOR:

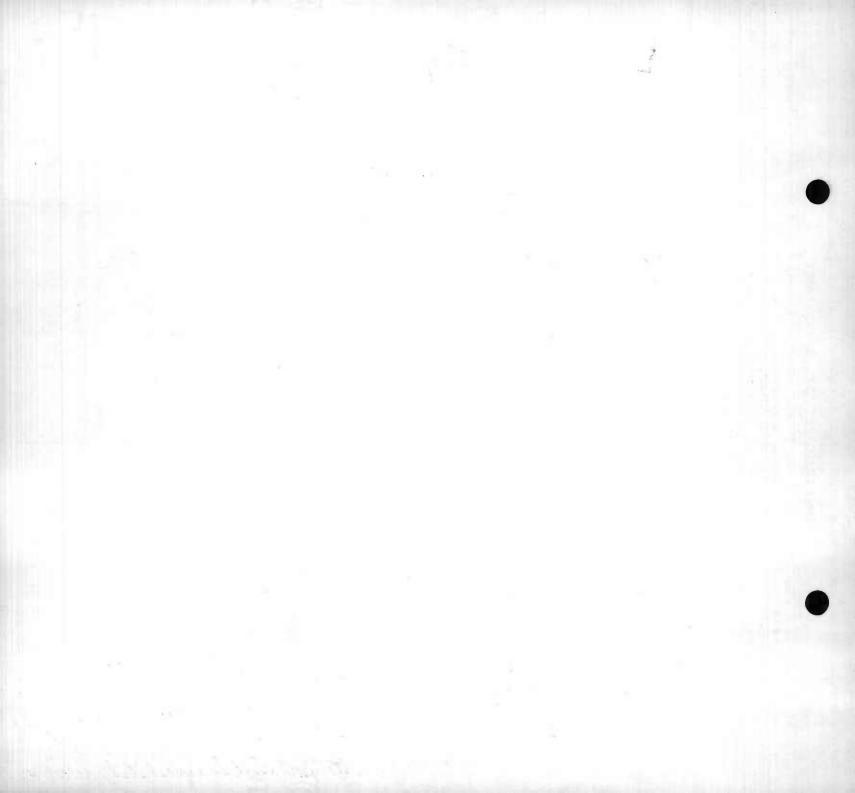
VS 150-REV. 1/1/68

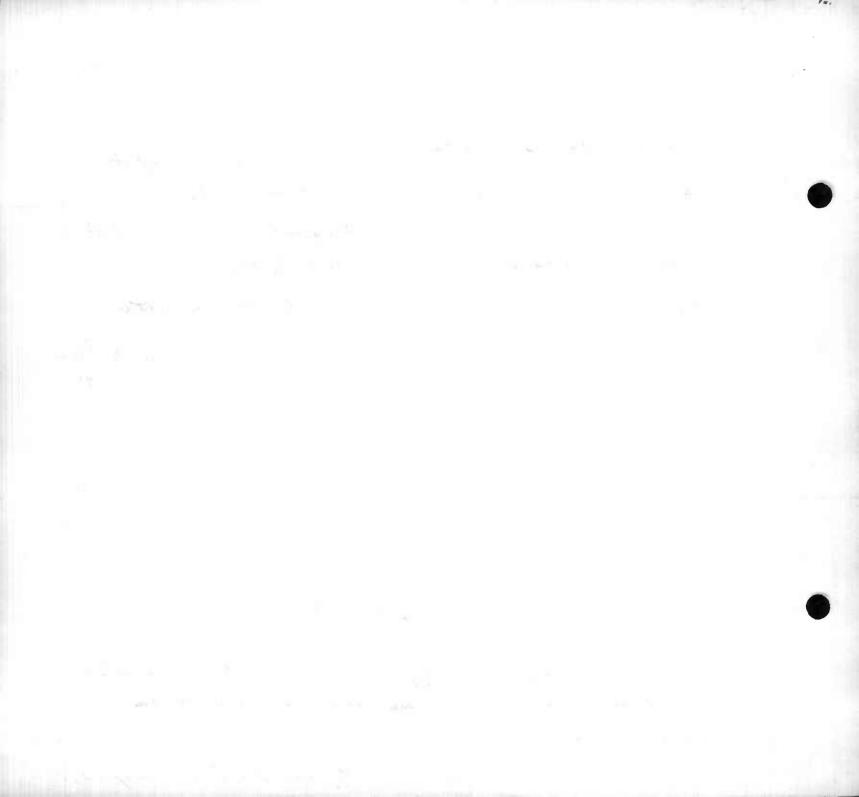
D. INSIDE CITY MAITS? NO If Under 1 Yr. If Under Months: Doys Hours 12. CITIZEN OF WHAT COUNTRY? APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exoct location) and that in (our) opinion death occurred on the date 3B. DATE SIGNED (City, town, or county) ADDRESS



69	6330 CERTIFICA	HEALTH DEPARTMENT REG. NO.	69 6380
BIRTH NO.	CERTIFICA	TE OF DEATH	
1. NAME OF DECEASED (Type or Print) Violet 61000		2. DATE AND HOUR OF DEATH	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRE		24 JUNE 19	069 2:30 A.
STEEDE IN BALLIMORE MARILAND, WHERE PRO	DNOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If in	
FULL NAME OF HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET		ALTINOR ES3
NOTITITION			DE CITY LIMITS?
DNION HEMORIAL	- 402h.	COCKEYSULLE	YES NO.
44		HARYLAND MASONIC HOHE	Hd. 21050
5. SEX 6. RACE 7. MARR WIDOV	WED DIVORCED	8. DATE OF BIRTH 2 OCT & 4	If Under 1 Yr. Il Under 24 Hr Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KINI done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTE
DOWE		HARYLAND	U.S.A
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	3 7
GEORGE W. H		LILLIAN BRIG	CE
15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor ar dotes of servi	1 6. SOCIAL SECURITY NO.	17- INFORMANT	ADDRESS
No	220-54-7742	AOSP RROORDS	
18. 9991	CAUSE OF DEAT	Н	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY			BETWEEN ONSET AND DEA
LEADING TO DEATH	(A) IMMEDIATE CAL	SE HEART FAILUR	t
(This does not mean the mode of dying,	P.Q. DUE TO OR AC	A CONSEQUENCE OF:	***************************************
heart failure, asthenia, etc. It means the diser	ose,		
ANTECEDENT CAUSES	SEG	TIC SHOCK	
DISEASES OR CONDITIONS, if any, giv	(R)	A CONSEQUENCE OF:	***************************************
rise to the above cause (A) stating	the	A CONSEQUENCE OF:	
UNDERLYING CONDITION last.	(c)		
- II			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		***************************************	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 1974. DATE OF OPERATION 1978. CONDITION FOR WAS PERFORMED 2174. ACCIDENT WAS UNDERLYING	OR WHICH OPERATION	20A. AUTOPSY? IVes of No. 20R. IF YES, WERE FIN CERTIFYING CAL	INDINGS CONSIDERED
E ( )			23/1 - 19/1-02/19
OR CONTRIBUTION TO CO.	218 PLACE OF INJURY (e.g., in home, form, foctory, street, of	for about 21 C. WHERE DID (If In Boltimore	City, give exect location)
0	etc.)		
OF INJURY IMenth) IDoy) IYeori (Hour)	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
[APPROX]	While At   Not While Work At Work	·	
22. I certify that (1) (this hospital) attende	TOTA - AT TIOK	—	
1			ZO NSE 19 65
that (i) (we) last saw the deceased alive of			ian death occurred an the da
and haur and from the causes stated above	. (i) (We) (did) (did nat) v	lew the bady after death.	
23A. SIGNATURE	0 11 >		238, DATE SIGNED
longe Jaloogal	Dhum	Med. Staff Phys.	24 JUNE 6
23C. PHYSICIAN'S NAME IType)	OLOREL	3D. ADDRESS	- (
NAME Tryper	806 AL H.D.	UNION HEMORIA	L HOSPITAL
	DEGREE		
24A- BURIAL CREMATION, 24B. DATE 24C	NAME of CEMETERY OF CRE	Van Co	, town, or county)   Stote)
BURIAL 6-26-69 S	HILL POND CE	METRLY SKANT CO	md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	NE OF REGISTRAR	25C. FUNERAL DIRECTOR	1050 YORK R.L.
JUN 25 1969 1048	ABE, Jabel M.D.	PWWCost-Brooks Towson, Inc	1000 YOR N PR
		TANGET ON PROPERTY TO SOUN TWE	. Towson, Md. 21







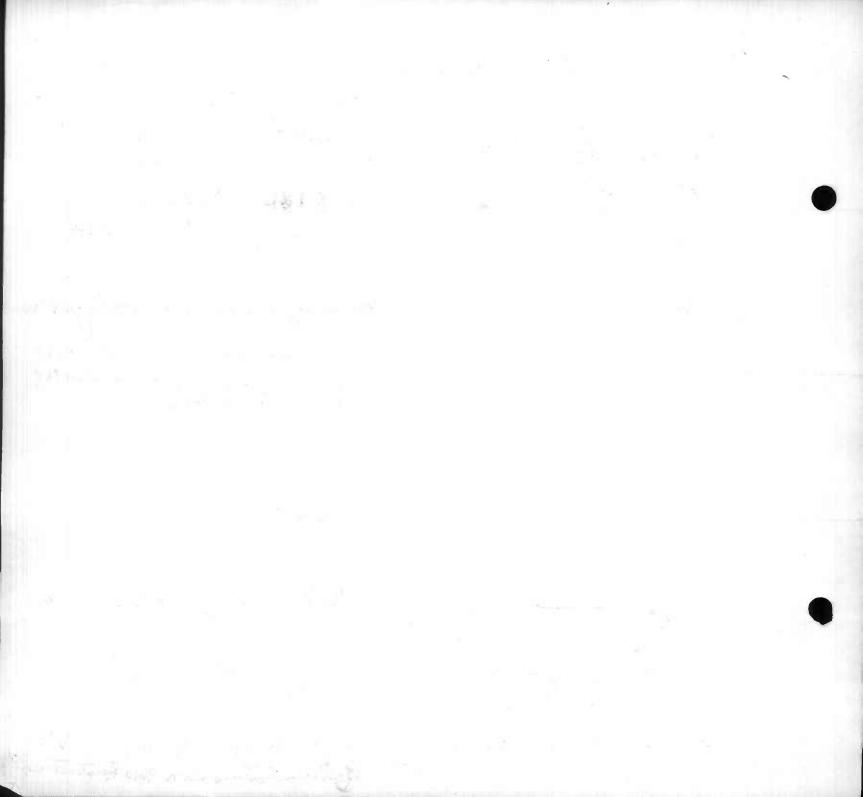
VS 150-REV. 1/1/68

Such

a hospital and

		69	0000	BALTIMORE CITY	HEALTH DEPARTMENT		00 00	00
BIRTH NO	0.	03	6383	CERTIFICA	TE OF DEATH	REG. NO	69 63	<b>0</b> 0
I.NAME	OF DECEASED				2 DATE A	ND HOUR DE DEATH		
(Type or I	Print) HARRY	C.	KING		6/2		1 900	0
3. PLACE	IN BALTIMORE, MAR			ED DEAD	4. USUAL RESIDENCE (Wh	ere deceased lived. Il ins	stitution: residence	belore admission)
FULL NA	ME OF HENOT	N UOCNTAL	00 111077717		IA. STATE B. COU	NIX	10	1100
HOSPITA	L OR ADDRESS	OR LOCATI	ONI	N, GIVE STREET	C. CITY OR TOWN	In 10 to 10	/ ) =	48
14311101	ION				BALTO	D. INSIL	DE CITY LIMITS?	
UN	ION MEM. I	HOSP.			E. STREET AND NUMBER		YES	10 📗
44					1317 UNI	N AUE.		
5. SEX	6. RACE	7.	MARRIED Z	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	Il Under 1 Yr.	Il Under 24 His.
M	1 W	/	WIDOWED	DIVORCED	10/25/00	lost birthdoys	Months Doys	lours Min.
OA. USU	AL OCCUPATION (Give	kind of work 10	B. KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE (Stote of for	eign country!	12. CITIZEN OF W	HAT COUNTRY
-	g most of working life, even		Mullan	Cont	MD		U.S. A	
	AINTER ER'S NAME		Muttan	COHU.	14. MOTHER'S MAIDEN NA	W-	0.3.7	7 ,
	-1.11							
	AVID C.					k Anna May	Bortle	
Yes, no or	Deceased Ever in U.S. A unknown) (11 yes, give w	Armed Forces vor or dotes o	of service) 16.	SOCIAL SECURITY NO.	17. INFORMANT		ADDRES	S
No				?	MRS. MARY	KING, SM	~ C=	
18.	128 XI			CAUSE OF DEATH				MATE INTERVAL
	DISEASE OR CONDI		CTLY	Myo	andial Vucu	the courses.	BETWEEN C	INSET AND DEATH
/75:-	LEADING TO			(A) IMMEDIATE CAU				
hearl	does not mean the failure, asthenia, etc.	It means the	e disease.	DUE TO, OR AS	CONSEQUENCE OF:	1		
injuly	or camplication which	h caused de	eath.)	Cx Teuse	us lileasin	1 heart	,	
	ANTECEDENT	CAUSES		(n)		Y	1	
DISE	ASES OR CONDITIO	NS, il any	, giving	DUE TO, OR AS	A CONSEQUENCE OF:			
	to the above cau ERLYING CONDITION		aling the	10 Please	ual deles	aices e	1	
	- 11			(C)	li li			***************************************
OTHER	R SIGNIFICANT CONDITI	ONS CONTR	RIBUTING			VO		
TO THE	LE DEATH BUT NOT RELA	ATED TO THE 1	TERMINAL	***********	*******************************	/, >	.	
OTHER TO THE DISEA 19A. D	ATE OF OPERATION	198. CONDIT	ION FOR WHIC	H OPERATION	20A. AUTOPSY? (Yes or N	20B. IF YES, WERE FI	NDINGS CONSIDE	RED
E /		WAS PERFOR	MED		YES	IN CERTIFYING CAU	SES OF DEATH?	
U 21A. A	CCIDENT WAS UNDER	RLYING	21B. PLA	CE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If In Boltimore	City, give exoct loc	otion)
DEATH	H (notify medical examin	(ei)	etc.)	m, locioly, street, oil	ice bldg., INJURY OCCUR?			
21 D. TI	IME (Month) (Day	) (Year) (H	Hour) 21 E. INJ1	JRY OCCURRED	21 F. HOW DID IN	URY OCCUR?		
OF IN			While At	Not While				
			Work	AI WORK				
22. 1	certify that (i) this	haspital) a	ttended the de		621	19 <u>69</u> to	6123	19 69
that (	1) (we) last saw the	deceased a	live on	6/23	19 <u>69</u> and th	at in (my) (our apini	an death accurr	ed on the date
and h	aur and from the cau	ses stated	obave, (i) (We	(did) (did not) vi	ew the body after death.			
	IGNAT URE	0				12	23 B. DATE SIGNED	
	Allan W	enu	~ ~	After Phys.	ding Med.	Staff Phys.	6/23/0	9
23 C. P	HYSICIANS			DEGREE	D. ADDRESS	Phys	10010	/
N	ALLAN	1 2-4	122cm	M-D	UNION N	nen. Hosp.		
4A. BURI	AL CREMATION, 1248.	DATE		OEGREE OI CEMETERY OF CRE				45
REM	OVAL (Specify)						town, or countyl	(State)
	rial 6/	27/69		. Cemeter		Baltimore,		ld.
JA. DAIE	FEC'D BY HEALTH DE	1	7 5 16 10	GISTRAR	25C. FUNBRAL DIRECTOR		ADDR	
	JUNZ	1969	www.di tu	Varben M.D.	Ann Donova	n - 3818 Ro	oland Are	

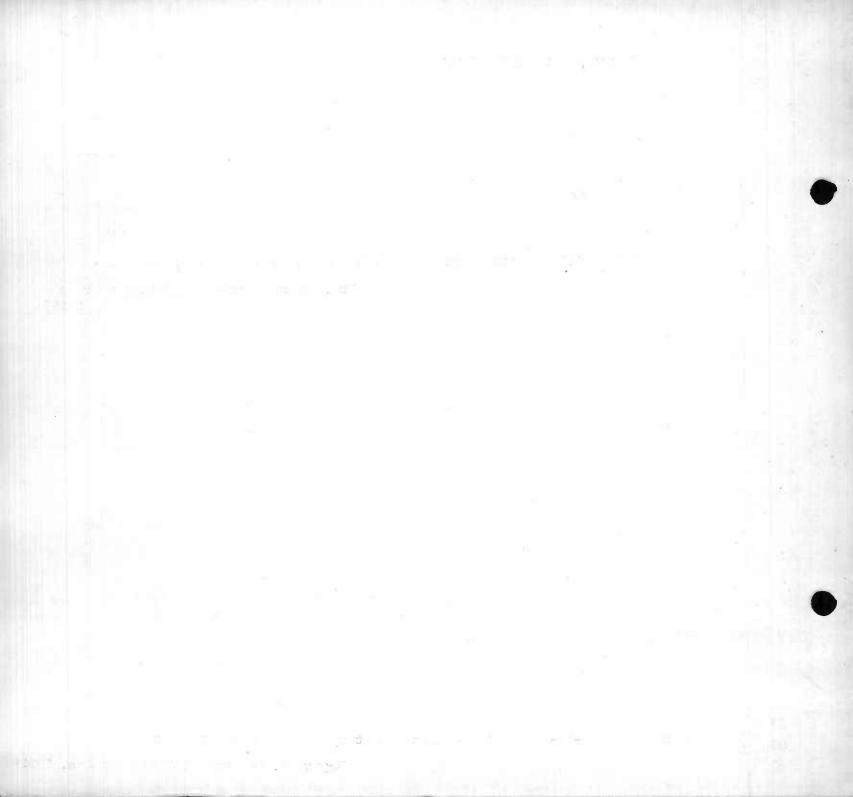
AND TO SERVICE STATE OF THE SE 



1	CU-	3	69	638	BALTIMORE	CITY HEALT	TH DEPARTMENT	/	69	638	5
1	TO	72	00	000	CERTIF	CATE	OF DEATH	REG. NO.		000	0
	H NO.	TEASED						AND HOUR OF DEA	TH		
	e or Print)	-//	100	M	11/2		T-Taper-			, 10	0
3 P	LACE IN BAI	LTIMORE MAR	VI AND W	HERE PRONO		JNE ILL USI		Ne 23, /		sidence before	odmission)
3. 1	EACE III BAI	LIMIONE MAK	TENTO, W	HERE FROMO	ONCED DEAD	A. STA	ATE B. COL	UNTY		/ -	
FUL	L NAME OF	(IF NOT	IN HOSPITA	L OR INSTIT	UTION, GIVE STREE		IARYLAND	HARFORD C	OUNTY	61,0	10
	SPITAL OR					C. CI	ORESYNHILL	. MD.	NSIDE CITY LI		
0		E CITY H						,	YES	NO X	(
45	940 EAS	TERN AVE	NUE, E	BALTIMO	RE MARYLANI	E. STR	EET AND NUMBER	TUM DD 036	150		
								INT RD. 216			
5. 51	EX	6. RACE		7. MARRIED	NEVER MARRIE	7 - 7	E OF BIRTH	9. AGE (In years tost birthday)	If Under Months	Doys Hours	er 24 Hrs. Min.
M	ALE	WHITE		WIDOWED	DIVORCE	o □ 8-J	10-60	8			
				10B, KIND O	BUSINESS OR IND	USTRY 11. BIR	THPLACE (State or fo	oreign country)	12. CITI2	EN OF WHAT	COUNTRY?
Jone	Stuc	working life, eve	ii ir renired)	S	chool	MAR	RYLAND		U	J.S.A.	
3. F	ATHER'S NA						OTHER'S MAIDEN N	AME			
		NEIL FI	ESL	0)		ELI		HAWIEY			
								9			
S. V Yes.	Vas Deceases	d Ever in U. S. n) (It yes, give	Armed Fore	es? s of service)	16. SOCIAL SECURITY NO.	17. INF	ORMANI (Father)	19 19 19 19 19 19 19 19 19 19 19 19 19 1	rest Hill, N	ADDRESS	0
	No		-	MIL.		BC	H RECORDS-	4940 EASTER	N AVE.	BALTO. N	1D.212
1	18. 20	101			CAUSE OF	DEATH			1	APPROXIMATE I	
	The same of	SE OR COND	ITION DIE	ECTLY					0	BETWEEN ONSET	AND DEATH
	Dive	LEADING TO			4	TE CAUSE	PARDIAC 1	DERFET			
		nol meon the				OR AS A CONS	EQUENCE OF:	JV/120			
		, osthenio, etc. mplication whi							150		
	1-7 5. 501	ANTECEDENT			0	12.60.4	01-			201 110	
	DISEASES				(B) / V C	ORASACON	A [ INTER	STITIAS		XY-MK	>
		OR CONDITION			Λ		/			Hyrs 9	34/
		G CONDITIO		3	(c) A C	UTE	LEUKEN	1 4		4425 7	1403
		- 11									
		FICANT CONDI									
4	DISEASE OR	TH BUT NOT RE	VEN IN PAR	1 (A).	***************************************						
ERTIFIC	19A. DATE O	F OPERATION	198. CONI		WHICH OPERATION	20 A	AUTOPSY? (Yes or	No. 20B. IF YES, WE	RE FINDINGS CAUSES OF I	CONSIDERED DEATH?	
ERT	1						VEC	YES			
U	OR CONTRIB	NT WAS UND	ERLYING [	21E	PLACE OF INJURY	(e.g., in or obo	ut 21 C. WHERE DID	(If in Bolti	more City, give	e exoct location)	
CAL	DEATH (notif	y medicol exom	iner)	etc							
ā	21 D. TIME	(Month) (Do	y) (Yeor)	(Hour) 21E	INJURY OCCURRE		21F. HOW DID II	NJURY OCCUR?			
5	OF INJURY			WI	ile At 🖂 No	t White					
	(APPROX.)			We							
					he deceased from			1969/- to 1	-23 7		9 69
	that (I) (we	Dost sow the	e deceose	d olive on.	JUNE 23		1969 ond	that in (my) (our)	opinion deot	h occurred o	the dote
	and hour on	d from the co	uses stot	ed obove. (	I) (We) (did) (did		e body ofter death				
	23A. SIGNAT				, ( -, (3,0), (3,0)	1			238. DAT	E SIGNED	
	1/200		0	Non1	a. N.D	Attending Phys.	Med. Director	Staff Phys.	1.1	122/10	
1	NULL	in,	d. Y	all	DEGRE			Phys.	0/	25/09	
	NAME (	Type)			0,	23 D. AD					
	WILLI	AM D. CA	LLEY,	MD.	3.36	BALI	TIMORE CITY	HOSPITALS	4940 EA	STERN A	Æ.
24A	BURIAL CRI	EMATION, 24B	DATE	24C. N	AME of CEMETERY		RY 24D.	LOCATION	(City, town, o	or county)	(Stote)
-	REMOVAL			0/0 3-	Air memori	a) Ga_1-	DIG 73	el Air HArfor	100 000	mlast 3	/
	DATE REC'I	BY HEALTH			OF REGISTRAK	7 () 200	E FUNERAL DIRECT	OF LINE LANGE	er col 4 mi	ADDRESS	714
- 37	/				Jaben K	3	FUNERAL DIRECT	" Fester WE	est Broadu	ADDRESS	us 2 HER
		0.01110	1969	المامين د	" ductory . W.		my brillion	15,	A HIL MA	mined 21014	
1	SO-REV. 1/1/	/6B					Michae Promier	- franco			

would be prove the second of the contract of the provent of the contract of th The hopest result - 1911 to be in the same

69,63	BALTIMORE CITY  CERTIFICA	TE OF DEATH	T REG. N	0. 69 6386
1. NAME OF DECEASED	NIELCERTIFICA	2. DATI	AND HOUR OF D	DEATH
(Type or Print) WINGATE, NATHANIEL	WRIGHT	23	June 19	69 1940 hrs
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD			d. If institution; residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN		D. INSIDE CITY LIMITS?
MARYLAND GENERAL !	tospITAL	DALTINIO R		YES NO NO
48				BLUD. 21227
5. SEX 6. RACE 7. MARR WIDOW	NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	2 9. AGE (In year)	s If Under 1 Yr. If Under 24 H Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10 B. KINE		11. BIRTHPLACE (State of		12. CITIZEN OF WHAT COUNT
done during most of working life, even if retired)  RAILLUAD 6:0  RA	CROAD	MARYLAND		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
MMMMMMMMMM Hari	ry Charles Winga	te manyamma	MMM Octav	ia (Unknown)
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no arunknown) (If yes, give war or dates of servi	16. SOCIAL SECURITY NO. 705-05-608	17. INFORMANT Mrs. Bever1	y Karzak	935 Regina Drive
1B,	CAUSE OF DEATI			21227
heert foilure, osthenio, etc. It means the diserinjury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, gives to the above cause (A) stating UNDERLYING CONDITION lost.	(B)	A CONSEQUENCE OF:		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN [1] (A).  1994. DATE OF OPERATION 1998. CONDITION FWAS PERFORMED	IAL	20 A. AUTOPSY? (Yes	or No) 20B. IF YES, IN CERTIFYIN	WERE FINDINGS CONSIDERED IG CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DI	D (If In 8	oltimore City, give exect location)
0	21E. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
S (APPROX.)	While At Not While Work	· 🗆 📗 —		
22. I certify that (4) (this haspital) attended	ed the decorred from	117169	19 ta	6/23/69 10
that (1) (we) last saw the deceased alive	1.1221.0	19an		r) apinlan death accurred an the d
and haur and from the causes stated obave	er ((We) (did) (did not) v	iew the bady after dec	ath.	DATE SIGNED
1/ala P Baky	MD DEGREE Phy	nding Med. Director	Staff Phys.	23 Lune 69
23G. PHYSICIAN'S NAME (Type) DOLE P. BAKER		Mary land	Genera	1 Hospital
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME of CEMETERY OF CRI	MATORY 24	D. LOCATION	(City, town, or county) (State)
Buria1 6-26-69	Loudon Park Cen	netery	Baltimore,	
25A. DATE REC'D BY HEALTH DEPT. 25B, NAV	See E. Jaben K.D.	25C. FUNDRAL DIREC	Hubbard 4	107 Wilkens Ave. 2122
VS 150-REV. 1/1/68				



VS 150-REV. 1/1/6B

CO COOLS BALTIMORE CITY	Y HEALTH DEPARTMENT	60 020
69 6387 CERTIFICA	TE OF DEATH REG. NO.	03 0307
BIRTH NO.		
Type or Print) MILLER EDWIN	2. DATE AND HOUR OF DEATH	8 6-000
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If	nstitution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	A. STATE acyland	25-53
Hospital Square Hospital	Ballimore  E. STREET AND NUMBER	YES NO
	1628 Sexton St.	
6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hr. Months Doys Haurs Min.
OA. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTE
HAUFFER Level ToLZMAN BROS.	Maryland	Anieuca.
George Miller	Elizabeth He	esv
S. Was Deceased Ever in U. S. Armed Farces?  16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
None 215-101089	Alma K. Larkin, 1628 Sex	ton St. 21230
1B. CAUSE OF DEAT		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
injury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stating the UNDERLYING CONDITION last.  (C)	S A CONSEQUENCE OF:	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g.,	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., home, farm, factory, street, of DEATH (notify medical examiner)	in or about 21C. WHERE DID (If In Baltimo	re City, give exact location)
21 D. TIME (Manth) (Doy) (Year) (Haur) 21 E. INJURY OCCURRED While At At Work At Work		0.1
22. I certify that (I) (this haspital) attended the deceased from that (I) (we) last sow the deceased alive on ond hour and from the couses stated above. (I) (We) (did) (did not)	. /	123 1 1969 infon death occurred an the do
Seemelle An	ending Med. Staff	6/23/89
23C. PHYSICIAN'S NAME (Type)  SURINDER  DEGREE	23D. ADDRESS Franklin Squa	a Hospilal
AA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMOVAL (Specify)		ity, town, at county) (State)
Burial 6-26-69 Loudon Park Cer		
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C FUNERAL DIRECTOR Howard H Hibbard 4107	Wilkens Ave. 2122

BALTIMORE CITY HEALTH DEPARTMENT

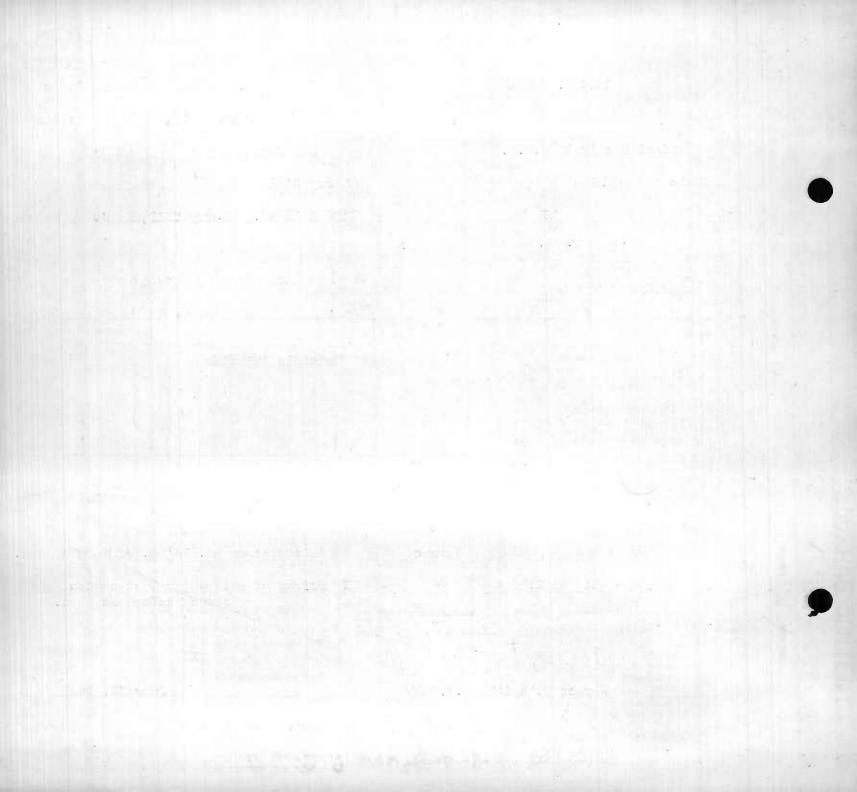
Franklin Sylvan Hoghelal 45 NOKES 3291 Exercise to a large the second to the second THE REPORT OF THE PARTY OF THE

VS 151-REV. 1/1/6B

69 6388 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH.
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DIDTH NO	WEI	DICAL EX	AMINER 3	CEKITICI	CATE OF	DEAT	REG. NO.	00	0000
BIRTH NO.	EACED			IIo DATE	v 🖪	N	D.	V -	II.
1. NAME OF DEC (Type or Print)				2. DATE OF	Known St	Month	Doy	Yeor	Hour
	ERIC S.			DEATH	Estimoted 📙	6	21	69	2:46a M.
4. PLACE IN BALL	IMORE, MARYLAND,			3. DATE	IN CER REAR	Month	Doy	Yeor	Hour
FULL NAME OF HOSPITAL	(IF NOT IN HOSPI	TAL OR INSTITUTION	ON, GIVE STREET	PRONOL	INCED DEAD	June	21.	1969	2:46 a.M.
OR INSTITUTION	ADDRESS OR LOC	Alloly		5. USUAL RI	SIDENCE (Where				
				A. STATE			B. COUNTY		11 11 17
		D.O.A.			New Jers	ey			1 = 2 /
6. SEX	7. RACE	B. MARRIED	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE C	ITY LIMITS?	
Male	White	WIDOWED	DIVORCED [	Cher	ry Hill		Y	ES 🗌 I	NO O
9. DATE OF BIRTH	Laure Laure de	(In years If Ur	der 1 Yr. If Under 24 Hrs.	E. STREET A	ND NUMBER				
2-15-19	43		hs Doys Hours Min.		Noll Rd.	Char	II. 11	NT T	,
	tote or foreign country)		ITIZEN OF	13. FATHER		Cite	rry Hill	- New	
1	71	. V	VHAT COUNTRY?	1	: 1 0		60		
BURNO	1		N. 5H.	Eli	IAH H	rple	250	レタスと	No.
14A.USUAL OCCUI	PATION (Give kind of wor orking life, even if retired	k 14B. KIND OF	BUSINESS OR INDUSTR	Y 15. MOTHE	S'S MAIDEN NA	ME			
M 1	CHANIC	1		SAMI	VALENZ	inc.	BRAD	show	_
16. WAS DECEASE	D EVER IN U.S. ARMI	ED FORCES?	17. SOCIAL	IB. INFORM	ANT		A	DDRESS	
(Yes, no or unknown)	(If yes, give wor or dote	s of service)	SECURITY NO.	151.	E 11		0	2) 7	
110			2	1-30/1	T. H.		BURNC		PROXIMATE INTERVAL
19.	16.10		CAUSE OF DEA	AIH -					EEN ONSET AND DEATH
DISEASI	OR CONDITION DIR	ECTLY							
	EADING TO DEATH		(A)IMMEDIATE	CALISE MI	ltiple in	inries	3		
	ot mean the made of			AS A CONSEQ		Jarie			
heart toilure,	osthenio, etc. It meons the plication which caused d	he diseose, eoth.)			100				
		'							
AN	TECEDENT CAUSES		(B)						
	OR CONDITIONS, IF AN		(B)	AS A CONSEC	QUENCE OF:				
UNDERLYIN	ABOVE CAUSE (A) ST								
Z			(C)		****				
Ĕ	11								
OTHER SIGN	IFICANT CONDITIONS ( ATH BUT NOT RELATED T	O THE TERMINAL							
DISEASEOR	CONDITION GIVEN IN	PART 1 (A).							
OTHER SIGN TO THE DEA DISEASE OR 20A. DATE OF	OPERATION 208. CO	ONDITION FOR	WHICH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes or No)
Ö								N	
ZZA. EXTERN	NAL CAUSE WAS	22B F	PLACE OF INJURY(e.g.,	in or about 2	2C WHERE DID	(If in Boltime	re City oive ex	Nort lecotion)	
UNDERLYING	OR CONTRIB-	home	, form, foctory, street, offic	ce bidg., etc.) II	NJURY OCCUR?				15-04
山 UTING □ CA	USE OF DEATH.		Street					. of W	oodley Ave.
OF INJURY	Month) (Doy) (Ye		ZE.INJURY OCCURRED		2F. HOW DID IN	JURY OCC	UR?		
4 . m = m =	6 21 69	2:05 an. W	/HILE AT NO	WHILE WORK	Driver of	auto	which 1	ost co	ntrol and
23.									
I certi	ify that I held an	Inquiry	Inspection XX Au	top sy	ond that an t	his bosis,	deoth in my	opinion	bore.
			ccident X Suici				ined monner		
resuit	ed from: Notural ca	uses A	ccident [23				ined monner		
ACTUAL	1111.	2/	Gaha	•	CHIEF MEDICAL	EXAMINER			DATE SIGNED
ACTUAL	DE MUNI	yn	(/ / _ M.S	ASSI	STANT MEDICAL	EXAMINER	XX		
EXAMINE		,	7		CIATE MEDICAL	EXAMINER			
NAME (T		J. Spitz,	$M_{D}$				.Tu	ne 22.	1969
24A. BURIAL CREA	THE PLANT OF		C. NAME of CEMETERY	or CREMATO	RY 24D.	LOCATION		n, or county)	
REMOVAL (Specif			,,			_			
			HOOVER VA	15/25	EM. 6	BULLA			ICXAS.
25A. DATE REC'D	BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. I	UNERAL DIRECT	OR		ADDRESS	PAIZO, M
	JUN 25 19	69 Rober	BE Jake. M	20 10	ma-Ti	Wil-	& SAME	L	14/20, M

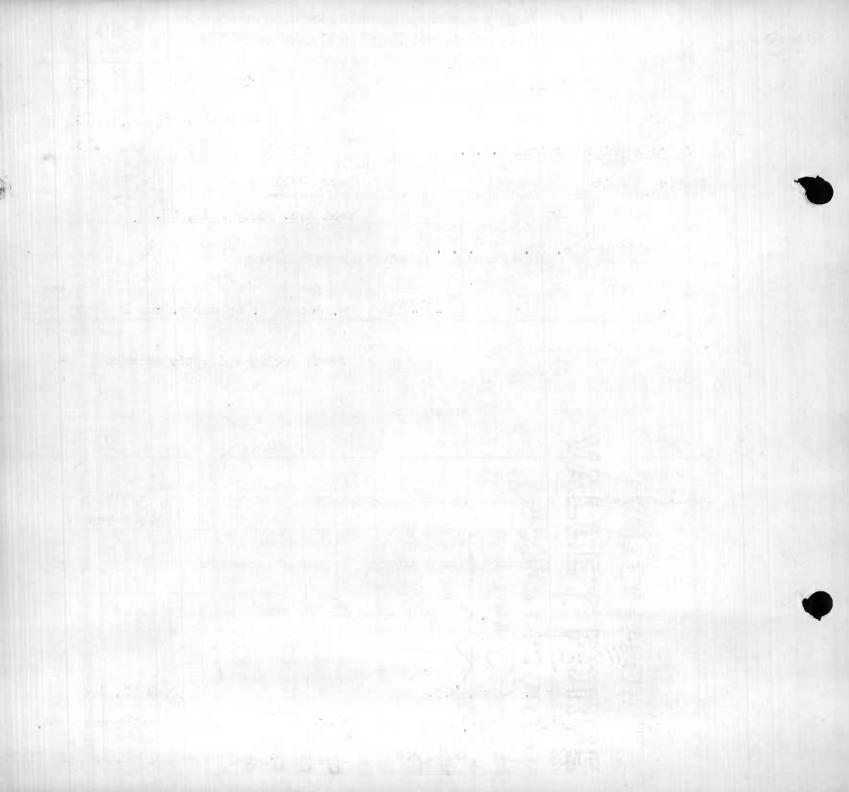


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69 6389 BALTIMORE CITY HEALTH DEPARTMENT

60 6380

THPLACE (S  BAJ  UAL OCCU  HOUSE S DECEASION NO  DISEASE  (This does no heart foilure, injury or com	MARY TIMORE, MAI (IF NOT ADDRES  HOPKINS  7. RACE White  Hote or foreign  Limore PATION (Give orking life, eve	HOSPI  HO	tal D.  B. MARRIEL WIDOWEL  Yeors If M.  12.  14B. KIND O  HOU  FORCES? of service)	DIVORCED DI DIV	5. USUA A. STATI C. CITY Pe S. E. STREI I3. FATH RY 15. MO	NOUNCED DEAD AL RESIDENCE (VE Marylandor TOWN ETRY Hall ET AND NUMBE Ahl Ave. HER'S NAME	Jos	22, 1 ed lived. If inst B. coun B. instil b. instil hall, M seph Pal ary Ann	969 Yec 969 Yec 969 With limit YES  d.  Darnal Address Box 17	2:16 a More Hour 2:16 a More before odmission)  3:15? NO  21128 Perry 4:11 APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
TPrint)  CE IN BALT  AME OF AL  TITUTION  TO has F  THPLACE (S  BAL  UAL OCCU  ring most of w  HOUSE  S DECEASI  or unknown)  NO  DISEAS:  (This does no heart foilure, injury or com	MARY TIMORE, MAI  (IF NOT ADDRES  FOR ADDRES  FOR ADDRES  FOR ADDRES  White  Hother  Trace  White  Hother  FATION (Give FOR EVER IN U  (If yes, give w  If yes, give w	HOSPI  HOSPI  HOSPI  HOSPI  HOSPI  HOSPI  HOSPI  HOSPI  JOAGE (In lost birthdoy 42 n country)  HOSPI  HOSPI  J.S. ARMED or or dotes of the country of the co	tal D.  B. MARRIEL WIDOWEL  Yeors If M.  12.  14B. KIND O  HOU  FORCES? of service)	O.A.  DIVORCED  Under 1 Yr. If Under 24 Hr onths, Doys, Hours, Mid  CITIZEN OF WHAI COUNTRY? U.S. A.  F BUSINESS OR INDUST SECURITY NO. 217-20-211  CAUSE OF DE	S. USUA A. STATI C. CITY Pess. E. STREI 13. FATH RY 15. MO	NOUNCED DEAD A RESIDENCE (V Marylandor TOWN Perry Hall ET AND NUMBE Ahl Ave. HER'S NAME THER'S MAIDEN DRMANT C. Joseph Death dur	Jos	22, 1 ed lived. If inst B. coun B. instil b. instil hall, M seph Pal ary Ann	969 Yec 969 Yec 969 With limit resider YES  DE CITY LIMIT YES  Darnal ADDRESS Box 17	2:16 a Nor Hour 2;16 a Nor Hou
THPLACE (S  BAJ  UAL OCCU  HOUSE S DECEASION NO  DISEASE  (This does no heart foilure, injury or com	TIMORE, MAI  (IF NOT ADDRESS  FOR ACE  White  Itimore PATION (Give vorking life, eve end of the condition of	HOSPI  HOSPI  HOSPI  HOSPI  HOSPI  HOSPI  HOSPI  HOSPI  JOAGE (In lost birthdoy 42 n country)  HOSPI  HOSPI  J.S. ARMED or or dotes of the country of the co	tal D.  B. MARRIEL WIDOWEL  Yeors If M.  12.  14B. KIND O  HOU  FORCES? of service)	O.A.  DIVORCED  Under 1 Yr. If Under 24 Hr onths, Doys, Hours, Mid  CITIZEN OF WHAI COUNTRY? U.S. A.  F BUSINESS OR INDUST SECURITY NO. 217-20-211  CAUSE OF DE	3. DATE PROPERTY IS. MOTOR PROPE	Marylandor Town Parry Hall Et and NUMBE Ahl Ave. HER'S MAIDEN DRMANT C. Joseph Death dur	Month June There decessed  R Perry I  Jos NAME Ma  J. Sny	Doy 22, 1 ed lived. # inst B. COUR B. INSII D. INSII Hall, M seph Pal ary Ann vderJr.	Yes 24  Darnal  Address  Box 17	Perry Hall APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
THPLACE (S  BAJ  UAL OCCU  HOUSE S DECEASION NO  DISEASE  (This does no heart foilure, injury or com	Hopkins To RACE White The state of the state	HOSPI  HO	tal D.  B. MARRIEL WIDOWEL  Yeors If M.  12.  14B. KIND O  HOU  FORCES? of service)	O.A.  DIVORCED  Under 1 Yr. If Under 24 Hr onths, Doys, Hours, Mid  CITIZEN OF WHAI COUNTRY? U.S. A.  F BUSINESS OR INDUST SECURITY NO. 217-20-211  CAUSE OF DE	5. USUA A. STATI C. CITY Pe S. E. STREI I3. FATH RY 15. MO	Marylandor Town erry Hall et and NUMBE ahl Ave. HER'S NAME THER'S MAIDEN DRMANT C. Joseph Death dur	June There decessed  R Perry I  Jos NAME Ma  J. Sny	22, 1 ed lived. # inst B. Cour B. J. J. B. INSII D. INSII ary Ann vderJr.	969 idution: residentity  DE CITY LIMIT  YES   Darnal  ADDRESS  Box 17	2;16 a Marce before odmission)  5 3  SS?  NO   21128  Perry 111  APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
TONS INTERIOR TONS IN THE INTE	Hopkins  7. RACE  White  Itimore  PATION (Give vorking life, eve ewife  ED EVER IN U ((If yes, give w  I  E OR CONDI LEADING TO of meon the costhenio, etc. upplicotion whice	HOSPI  10. AGE (In lost birthdoy 42 n country)  Coo Me kind of work)  J.S. ARMED or or dotes of the country of	B. MARRIEL WIDOWEL LYPERS IF MARRIEL WIDOWEL WIDOW	O.A.  DIVORCED  Under 1 Yr. If Under 24 Hr ponths, Doys Hours Min  CITIZEN OF WHAI COUNTRY? U.S. A.  F BUSINESS OR INDUST SEWIFE  17. SOCIAL SECURITY NO. 217-20-21  CAUSE OF DE	A. STATH  C. CITY  Pé  S. E. STREI  I3. FATH  RY 15. MO  IB. INFO  ATH	Marylandor Town erry Hall er and NUMBE ahl Ave. HER'S NAME THER'S MAIDEN DRMANT . Joseph Death dur	r Perry I Jos NAME Ma	Hall, M seph Pal ary Ann	Darnal ADDRESS Box 17	NO DETWEEN ONSET AND DEAT
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UAL OCCUring most of w HOUSE S DECEASI or unknown) NO  DISEASI (This does not beart foilure, injury or com	PATION (Give orking life, even with the parties of	J.S. ARMED or or dotes or TION DIRECT DEATH mode of dyl Il means the h coused dead	HOU FORCES? of service)	Sewife  17. SOCIAL SECURITY NO. 217-20-211 CAUSE OF DE	18. INF	ORMANT Joseph	Mame Ma J. Snj	ary Ann	Darnal ADDRESS Box 17	Perry Hall APPROXIMATE INTERVAL SETWEEN ONSET AND DEAT
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S DECEASI Orunknown) NO DISEASI (This does not heart foilure, injury or com	ED EVER IN U (If yes, give w  I E OR CONDI LEADING TO of mean the osthenic, etc.	TION DIRECTOR OF THE PROPERTY	of service)  CTLY  ing, e.g., diseose,	17. SOCIAL SECURITY NO. 217-20-211 CAUSE OF DE	ATH	Joseph Death dur	J. Sny	derJr.	Box 17	Perry Hall APPROXIMATE INTERVAL SETWEEN ONSET AND DEAT
DISEAS: (This does not heart foilure, injury or com	(If yes, give w  I E OR CONDI LEADING TO to the on the to sthenio, etc. application whice	TION DIRECTOR OF THE PROPERTY	CTLY ing, e.g., disease,	SECURITY NO. 217-20-211 CAUSE OF DE	ATH	Joseph Death dur			Box 17	Perry Hall APPROXIMATE INTERVAL SETWEEN ONSET AND DEAT
DISEAS    This does no heart foilure, injury or com	LEADING TO of mean the costhenio, etc. application whice	DEATH mode of dyi It means the h coused dea	ing, e.g., diseose,	CAUSE OF DE	ECAUSE I	Death dur			e	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
This does no heart foilure, injury or com	LEADING TO of mean the costhenio, etc. application whice	DEATH mode of dyi It means the h coused dea	ing, e.g., diseose,	(A)IMMEDIATI	CAUSE I	Death dur	ing ep	ileptic		BETWEEN ONSET AND DEAT
This does no heart foilure, injury or com	LEADING TO of mean the costhenio, etc. application whice	DEATH mode of dyi It means the h coused dea	ing, e.g., diseose,	(A) <u>IMMEDIATI</u> DUE TO, O	CAUSE 1	Death dur	ing ep	ileptic	seizur	e
RISE TO THE UNDERLYIN OTHER SIGN	OR CONDITION ABOVE CAL	ONS, IF ANY USE (A) STATON LAST.	ONTRIBUTIN	(c)	R AS A CON	nsequen <b>c</b> e of:				
DISEASE OR	CONDITION	GIVEN IN PA	ART 1 (A).							
DATE OF	OPERATION	20B. CON	NDITION FO	R WHICH OPERATION	WAS PERFO	RMED			21. AL	JIOPSY? (Yes or No)
,										YES
NDERLYING	OR CONT	TRIB-	221 ho	B. PLACE OF INJURY (e., me, form, foctory, street, of	i., in or obo lice bldg., etc	22C. WHERE DELINIURY OCCU	ID (If in Bol	timore City, gi	ve exoct locotic	on)
TIME (			) (Hour)	22E.INJURY OCCURREN	)	22F. HOW DIE	INJURY C	CCUR?		
			m.	. WORK AT	WORK L					
			-			Homicide 🗌	Undete	ermined man		n
EXAMIN	ER'S	ne/i	5		.D.	SSISTANT MEDIC	CAL EXAMIN	IER XX		DATE SIGNED
					Y or CREM	ATORY	AD. LOCAT			
	fy)								Balti	more Md.
			25B. NA	ME OF REGISTRAR	25	C. FUNERAL DIR		Home 7	ADDRESS 401 Bel	
	IDERLYING CA  TIME INJURY PROX.)  I cert result  ACTUAL SIGNATU EXAMIN NAME (T URIAL CREAVAL (Species)	IDERLYING OR CONTING CAUSE OF DEAD  TIME (Month) (DINJURY PROX.)  I certify that I have resulted from: Note that I have result	IDERLYING OR CONTRIB- ING CAUSE OF DEATH.  IMBE (Month) (Doy) (Year INJURY PROX.)  I certify that I held an Interest of the In	IDERLYING OR CONTRIB- ING CAUSE OF DEATH.  IME (Month) (Doy) (Year) (Hour) INJURY PROX.)  I certify that I held an Inquiry or resulted fram: Natural causes  ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werner U. Spi URIAL CREMATION, 248. DATE VAL (Specify)  Burial 6-25-1969  ATE REC'D BY HEALTH DEPT. 258. NAM	Inspection   Activate   Accident   Suice	home, form, foctory, street, office bldg., etc.	home, form, foctory, street, office bldg., etc.)   INJURY OCCURING   CAUSE OF DEATH.	home, form, foctory, street, office bldg, etc.) INJURY OCCUR?   home, form, foctory, street, office bldg, etc.) INJURY OCCUR?   home, form, foctory, street, office bldg, etc.) INJURY OCCUR?   home, form, foctory, street, office bldg, etc.) INJURY OCCUR?   home, form, foctory, street, office bldg, etc.) INJURY OCCUR?   home, form, foctory, street, office bldg, etc.) INJURY OCCUR?   22F. HOW DID INJURY OCCUR?   home, form, foctory, street, office bldg, etc.) INJURY OCCUR?   home, form, foctory, street, office bldg, etc.) INJURY OCCUR?   22F. HOW DID INJURY OCCUR?   home, form, foctory, street, office bldg, etc.) INJURY OCCUR?   home, form, foctory, street, office bldg, etc.) INJURY OCCUR?   home, form, foctory, street, office bldg, etc.) INJURY OCCUR?   home, form, foctory, street, office bldg, etc.) INJURY OCCUR?   home, form, foctory, street, office bldg, etc.) INJURY OCCUR?   home, form, foctory, street, office bldg, etc.) INJURY OCCUR?   home, form, foctory, street, office bldg, etc.) INJURY OCCUR?   home, form, foctory, street, office bldg, etc.) INJURY OCCUR?   home, form, foctory, street, office bldg, etc.) INJURY OCCUR?   home, form, foctory, street, office bldg, etc.) INJURY OCCUR?   home, form, foctory, street, office bldg, etc.) INJURY OCCUR?   home, form, foctory, street, office bldg, etc.) INJURY OCCUR?   home, form, foctory, street, office bldg, etc.) INJURY OCCUR?   home, form, foctory, street, office bldg, etc.) INJURY OCCUR.   home, form, foctory, street, office bldg, etc.) INJURY OCCUR.   home, form, foctory, street, office bldg, etc.) INJURY OCCUR.   home, form, foctory, street, office bldg, etc.) INJURY OCCUR.   home, form, foctory, street, office bldg, etc.) INJURY OCCUR.   home, form, foctory, street, office bldg, office	home, form, foctory, street, office bldg., etc.   INJURY OCCUR?	home, form, foctory, street, office bldg., etc.   INJURY OCCUR?



69 6390 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

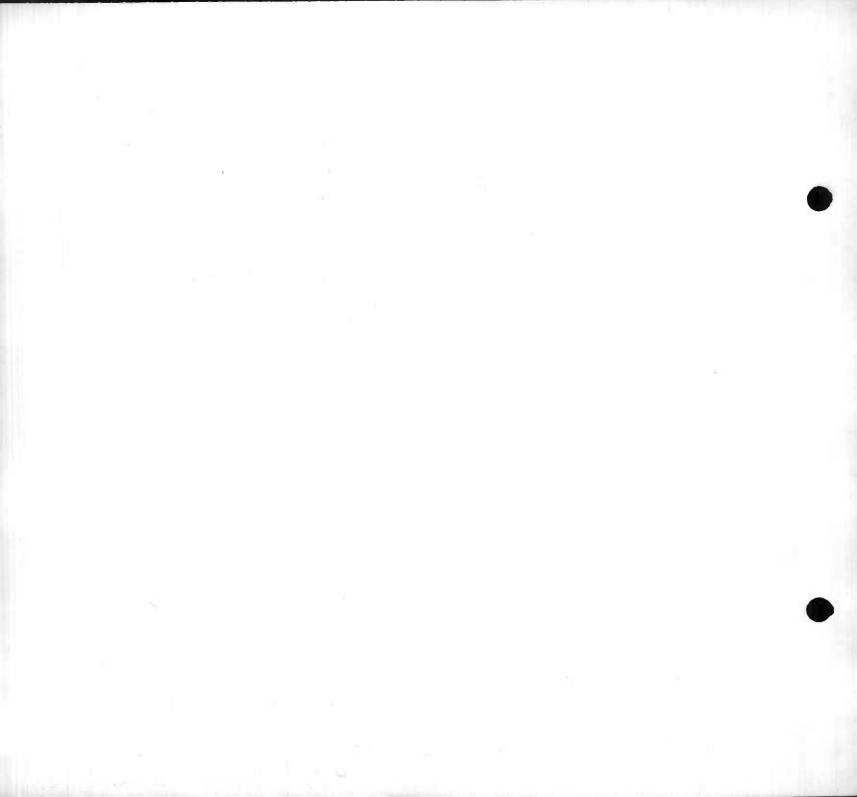
BIRTH NO.			/ \	D L/ (111	REG, NO			
I. NAME OF DECEASED (Type or Print)  VALTM NAIMOUTE		2. DATE	Known 🗌	Month	Doy	Yeor	Hour	
YAKIM NAUMCHIK		OF DEATH	Estimotedॄॅ<	June	16	1969	?	М.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	UNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)  OR INSTITUTION			IDENCE (Where	June		1969	1:25	
923 South Hanover S	treet	A. STATE Ma	ryland	В.	COUNTY	2	3-0	1
	NEVER MARRIED	C. CITY OR T		D	. INSIDE CI			
Male White WIDOWED	DIVORCED .	Ва	ltimore		YI	Es 🖾 🕛	NO .	
Sept.15,1896 /2yr	ns Doys Hours Min.	E. STREET AN	O NUMBER 23 South	Hanover	Stree	t		
	HAT COUNTRY?	13. FATHER'S	NAME ?		-01			
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF B	USINESS OR INDUSTRY	15. MOTHER'S	MAIDEN NA	ME				
done during most of working life, even if retired)  Laborer  Americ	an Sugar Re	ef.	?					
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)	17. SOCIAL SECURITY NO.	IB. INFORMA		7 = 1 =		DDRESS	22 07	004
no none	212-09-595¢		C.Nebste	er 1545	Dox		Rd . 21	TERVAL
7/8/7							EEN ONSET A	ND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Arterioscl	lerotic	cardiova	scular	diseas	e		
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.)	(A) IMMEDIATE CA		NCE OF:				***************************************	
ANTECEDENT CAUSES	(B)	C A CONSTOL	IELICE OF					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	DUE TO, OR A	S A CONSEQU	SENCE OF:					
UNDERLYING CONDITION LAST.	(c)							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR V								***
20A. DATE OF OPERATION 20B. CONDITION FOR V	WHICH OPERATION WAS	5 PERFORME	D			21. AUTO	PSY? (Yes o	r No)
ō							No	
222A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	LACE OF INJURY(e.g., in form, foctory, street, office	n or obout 220 bldg., etc.) INJ	URY OCCUR?	(If in Boltimore C	lity, give exc	oct locotion)	110	
22D. TIME (Month) (Dov) (Year) (Hour) 22	E.INJURY OCCURRED	22F	HOW DID IN	JURY OCCUR?				
OF INJURY (APPROX.) will m. W	HILE AT NOT W							
23.		apsy 🔲	and that an t	his basis, de	ath Is my	apinion		
	cident Suicide	Ham		Undetermined		-		
0000	)/	CH	HEF MEDICAL I	EXAMINER [	]		DATE SIGN	ALED.
SIGNATURE Changes	31/MD	ASSIST	ANT MEDICAL	EXAMINER	k		DATE SIGN	MED
PVA AMBIERIE	M.D.	ASSOC	IATE MEDICAL E	EXAMINER [	] ,	10	1066	,
NAME (Type) Charles S. Spri	the second secon					une 19		,
REMOVAL (Specify)	Holy Trinit			kridge		land	(Sto	te)
	Jaben MD.		use Fun			DDRESS 2165.	Char]	Les
VS 151-REV. 1/1/6B	9 ¥ 13 1	0	0 0	1				1

VS 150-REV. 1/1/68

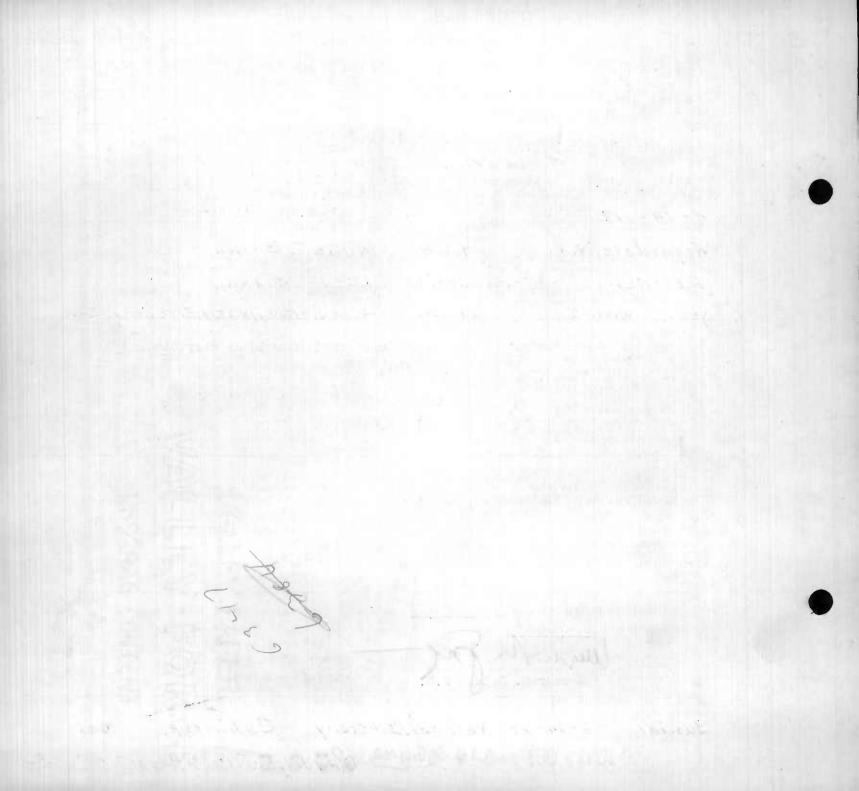
7/2/69 - Letter from Johns Hopkins Hospital, Dr. John D. Stobo states the following information: "According to the available records of Mr. McMillian was married without any legal evidence of divorce or separation." Signed by Dr. John D. Stobo, June 30, 1969.

IMPORTANT

DIRECTOR:

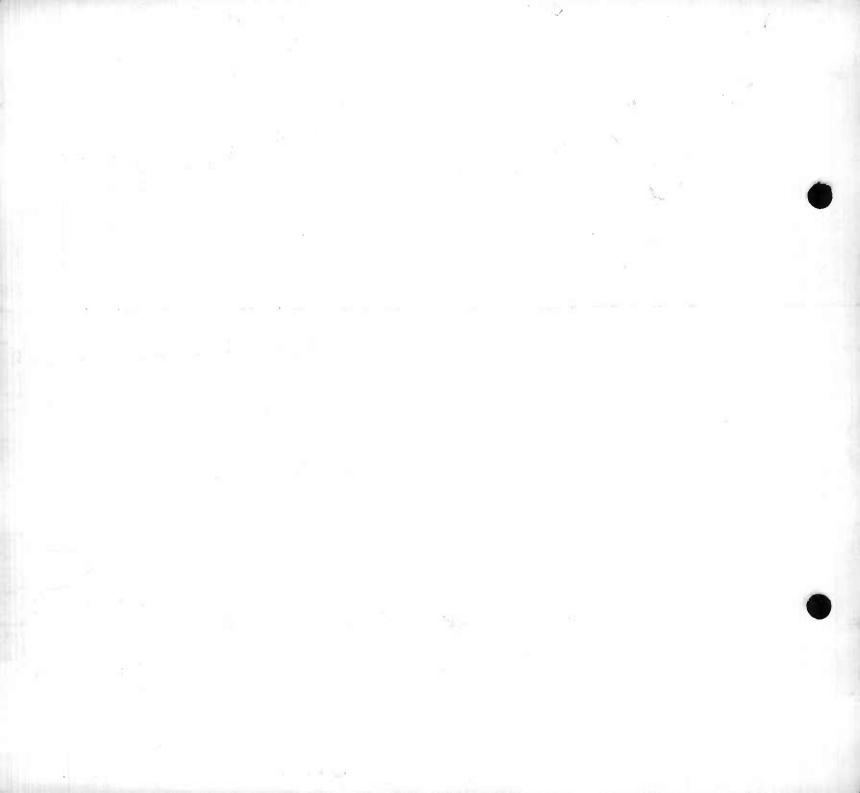


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	EDICAL EXAM	MINER'S C	CERTIFIC	CATE OF	DEATH	REG. NO.	69	00	539
. NAME OF DECEASED			2. DATE	Known 🗌	Month	Day	Year	Hour	
Type or Print)	D	DDOLIN	OF	Estimated 💢				1.00	
ERNEST  PLACE IN BALTIMORE, MARYLANI	D. WHERE PRONOUNCE	BROWN ED DEAD	3. DATE	Z.	Month	Day	Year	Hour	М.
	SPITAL OR INSTITUTION, GI	VE STREET	PRONOU	NCED DEAD	June	20,	1969	7:20	Α
OSPITAL ÀDDRESS OR L' PRINSTITUTION	OCATION)		5. USUAL RE	SIDENCE (Where					
Hopkins Hospital	(DOA)		A. STATE	land		COUNTY	9	15	7
. SEX 7. RACE			C. CITY OR			D. INSIDE C	ITY LIMITS?	- OK	
	B. MARRIED NEV			imore			-1-1-1		
	WIDOWED :E (In years   If Under 1)	Yr. If Under 24 Hrs.		ND NUMBER		Υ	ES K	ио Ц	
lost big	thday) Manths, Do	ys Hours Min.			1 0				
7 7 7 7 5	51			E. Fede	ral Str	eet			
BIRTHPLACE (State or fareign caunti		OF COUNTRY?	13. FATHER'S	NAME					
Woodsdale, N.C	7/.	S.A.	Willi	e Ti By	NWO				
A.USUAL OCCUPATION (Give kind of vine during most of working life, even if retired	red) AB. KIND OF BUSIN	ESS OR INDUSTRY	MOTHER	S MAIDEN NA	ME				
Latoner	CONSTRU		Lucy	Bla	Nd				
. WAS DECEASED EVER IN U.S. AR es, na or unknown)(If yes, give wor or de		OCIAL ECURITY NO.	18. INFORM	ANT		A	DDRESS		
ves W.W. 2		9-16-6050	Queer	vie Brow	IN2314	E. Fee	denail	St.	
19.		CAUSE OF DEA				1111	AP	PROXIMATE IN	
DISEASE OR CONDITION D	DIRECTIV	Arterio	sclarot	ic Cardi	01120011	ar Dies			
LEADING TO DEATH		(A) IMMEDIATE C		ic oarar	ovascar	ar Drac			
(This does not mean the mode a heart failure, asthenia, etc. It mean	if dylng, e.g.,		AS A CONSEQU	JENCE OF:					
injury or complication which cause	d death.)								
ANTECEDENT CAUSE: DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	ANY, GIVING STATING THE	(B)	AS A CONSEG	UENCE OF:					
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN	D TO THE TERMINAL	,000000000000000000000			200000000000000000000000000000000000000				
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN 20A. DATE OF OPERATION 20B.		H OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes o	r No)
							1	lo l	
22A. EXTERNAL CAUSE WAS	22B. PLACE	OF INJURY(e.g., factory, street, office	in ar about 2	C. WHERE DID	(if in Baltimore	City, give ex		40	
UNDERLYING OR CONTRIB-	home, farm,	factory, street, offic	e bldg., etc.) IN	IJURY OCCUR?					
	(Year) (Haur) 22E.INJ	URY OCCURRED	2:	F. HOW DID IN	JURY OCCU	₹?			-
OF INJURY (APPROX.)	WHILE A	TON NOT	WHILE -						
23.	m. WORK	L V TA	VORK						-
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resulted fram: Natural	-			micide 🗍	Undetermin				
resulted from: Natural	causes X A ceide	301616		HIEF MEDICAL	1				
ACTUAL // 100	wwh F	X	-	TANT MEDICAL		$\overline{\mathbf{x}}$		DATE SIGN	VED
SIGNATURE	A	M.D	),		,			12016	0
EXAMINER'S Werr	ner U. Spitz,	M.D.	ASSO	CIATE MEDICAL	EXAMINER (		(	5/20/69	7
NAME (Type)  4A. BURIAL CREMATION, EMOVAL (Specify)  24B. DA	TE 24C. NA	ME of CEMETERY	ar CREMATO	RY 24D.	LOCATION	(City, Iow	n, or county	(Sto	te)
Burial 6-2	4-69 Nat	IONAL CE	Meter	y B	altin	one,	N	de	
SA. DATE REC'D BY HEALTH DEPT.	25B. NAME OF RI	EGISTRAR	2SC. F	UNERAL DIRECT	OR	1	ADDRESS		
JUN25	1969	, Jaben M	02 18	2/8/16	T. Cal	1'A K 2.	31E.C	ling	25
			wa	a des his	1	1019	and have		
51-REV. 1/1/6B									

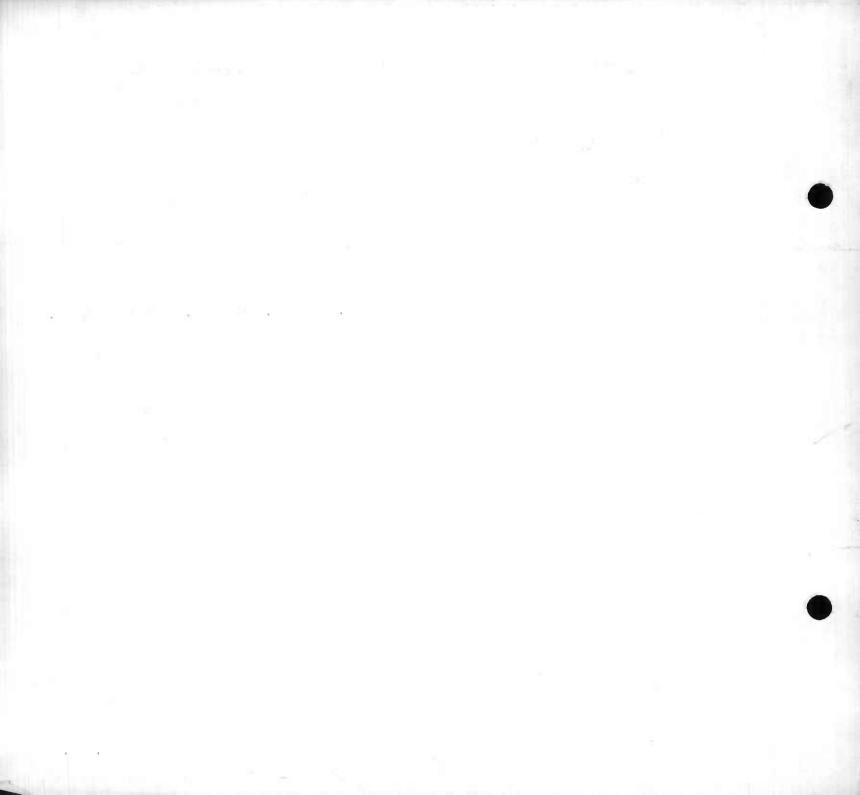


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- =	A fracture of any kind; (4) Undetermined cause, (5) Deceased who pronounced death was in regular attendance on the deceased prior to death. Such ire embalmed or final disposition is made.
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FUNERAL DIRECTOR: IMPORTANT he chief medical examiner or his assistant in the chief medical examiner or his assistant in the chief medical examiner or his assistant in the chief medical examiner.	0 5 E
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ء م	y nature; (2) Body burn xcept where the physiand (6) No physician w btained before the rem
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FUNERAL DIRECTOR: IMPORTANT  This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and a behalf we released to the hospital and a second to the second to the hospital and a second to the ho	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased nash but
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	n v3 pp

69 63	1.4.	TE OF DEATH	X REG. NO	69, 16395
1. NAME OF DECEASED (Type or Pant)	Kaufma	2, DATE AND	HOUR OF DEATH	10.00
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON		-	deceased lived. If institute	ion: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INST HOSPITAL OR ADDRESS OR LOCATION)		A. STATE B. COUNTY	D. INSIDE C	56-00
25 inai 160spital		E. STREET AND NUMBER  5 Killen dale	1011	Route #/
(V) WIDOWE		8. DATE OF BIRTH	AGE (In years II Mo	Under 1 Yr. II Under 24 Hrs. nths Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if refired) Maintance Dept. Baltimore (		11. BIRTHPLACE (Slote or foreign Balto. City	country) 12.	CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Albert J. Kaufman		14. MOTHER'S MAIDEN NAME Minnie Bergen		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dotes of service)	16. SOCIAL SECURITY NO. 216-03-7095	17. INFORMANT Mrs. Vera J. Kai	ıfman Finksbı	ADDRESS urg, Md.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g. heart failure, asthenia, etc. It means the diseas injury or complication which caused death.)  ANTECEDENT CAUSES	9,	SE MYOTONA A CONSEQUENCE OF:	tid Infancti	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  10 VEQUE
DISEASES OR CONDITIONS, if ony, givin risa to the above cause (A) stating the UNDERLYING CONDITION last.	DUE TO, OR AS	A CONSEQUENCE OF:	************************	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19E CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING [7]		Dialeter M	ellitus	
19A-DATE OF OPERATION 19B CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A AUTOPSY? (Yes or No.)	OR IF YES, WERE FINDING CAUSES	NGS CONSIDERED
OR CONTRIBUTING CAUSE OF he DEATH (notify medical exemines)	B. PLACE OF INJURY le.g., in ome, form, factory, street, off c.)	or about 21 C. WHERE DID	(If In Boltimore City,	, give exact location)
E OF INJURY	E INJURY OCCURRED  /hile At	21F. HOW DID INJUR	Y OCCUR	
22. I certify that (1) (this hospital) attended that (1) (we) last saw the deceased alive on.	/1	19 69 and that		death accurred on the dote
and hour and from the causes stated above.  23A. SIGNAXURE  Augustian			23 B.	PATE SIGNED
23C.PHYSICIAN'S NAME (Type)	2	3D. ADDRESS	(	001/10
24A. BURIAL CREMATION, 24B. DATE 24C.N Burial 6/25/69	NAME OF CEMETERY OF CREI		ATION (City. tow Ltimore, Md.	rn, or county) (Stote)
	OF REGISTRAR  BEJOBEL M.D.	25C. FUNERAL DIRECTOR	Sons Reiste	rstoun, Md.

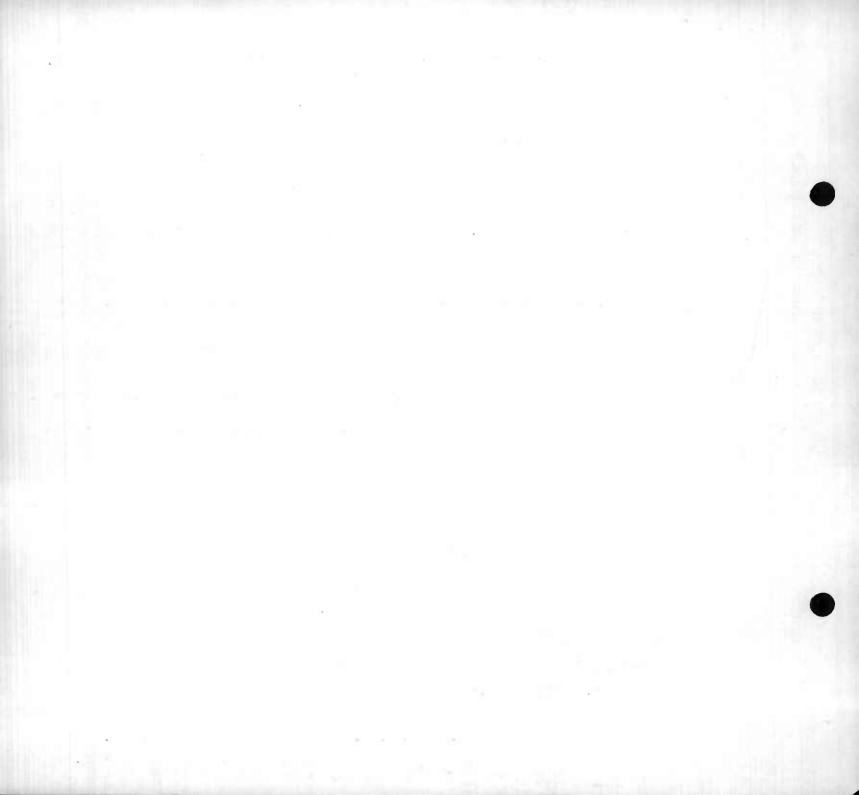


VS 150-REV. 1/1/68



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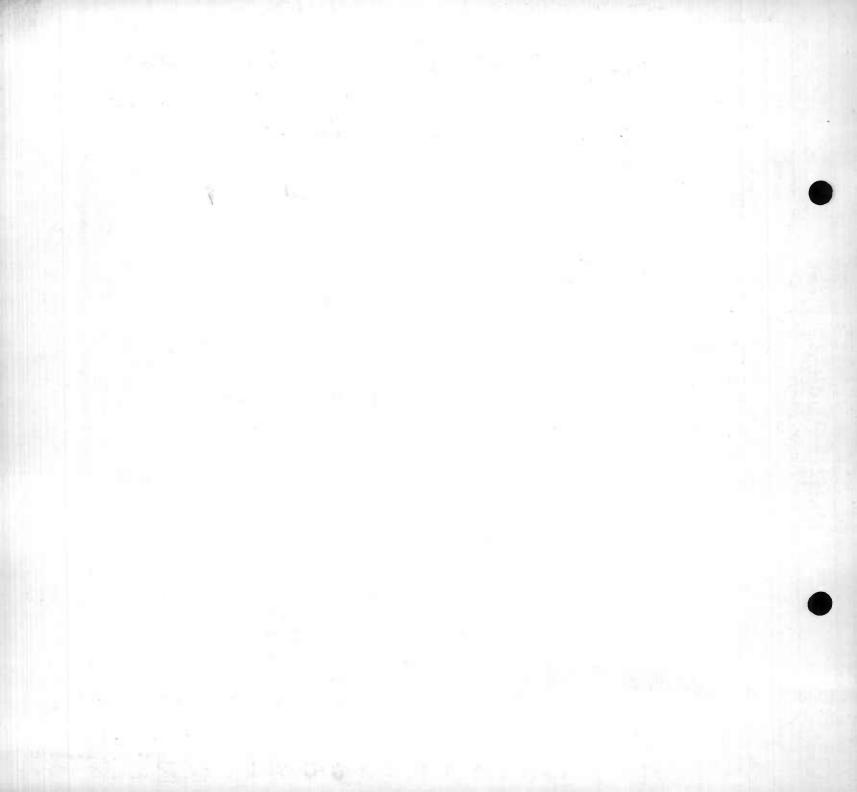
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VS 150-REV. 1/1/68



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BALTIMORE CITY HEALTH DEPARTMENT

IMPORTAN **DIRECTOR:** FUNERAL

VS 150-REV. 1/1/68

D. INSIDE CITY LIMITS? YES P NO AVE .( If Under 1 Yr. If Under 24 His. Months! Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? AMERICAN 121 ENDSLEIGH AVE ADDRESS Clair Bressler, husband, above APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (II In Boltimore City, give exect location) and that in(my) (our) apinion death occurred on the date 23 B. DATE SIGNED (City, town, or county) Baltimore, Md. Schimunek Funeral Home, Inc. ADDRESS Brehms Lane

6401.

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who get amountain 1 27 "

- introposition

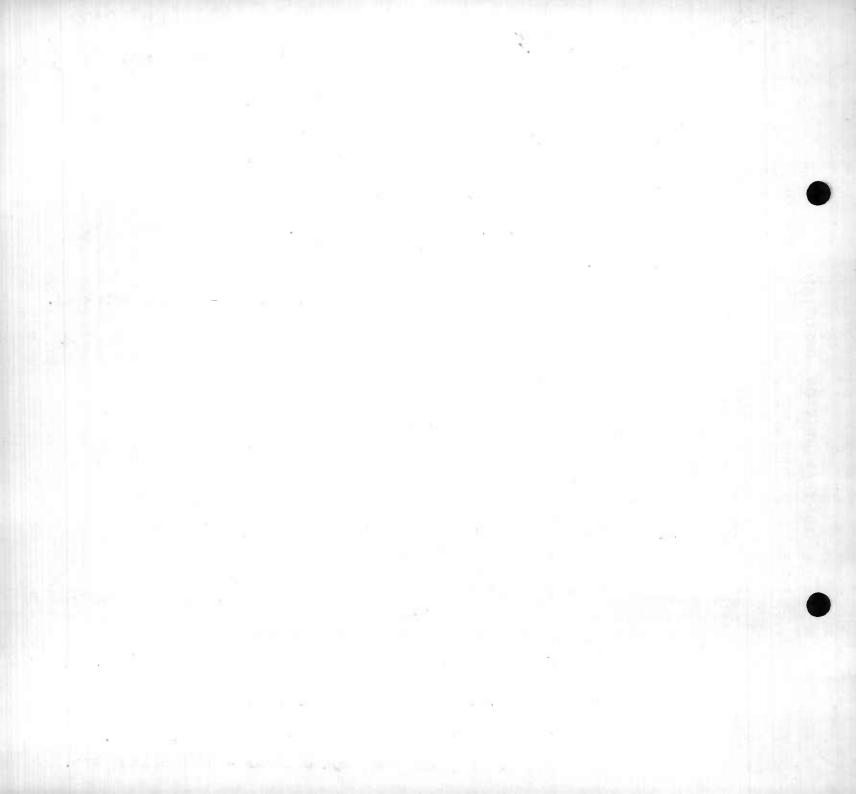
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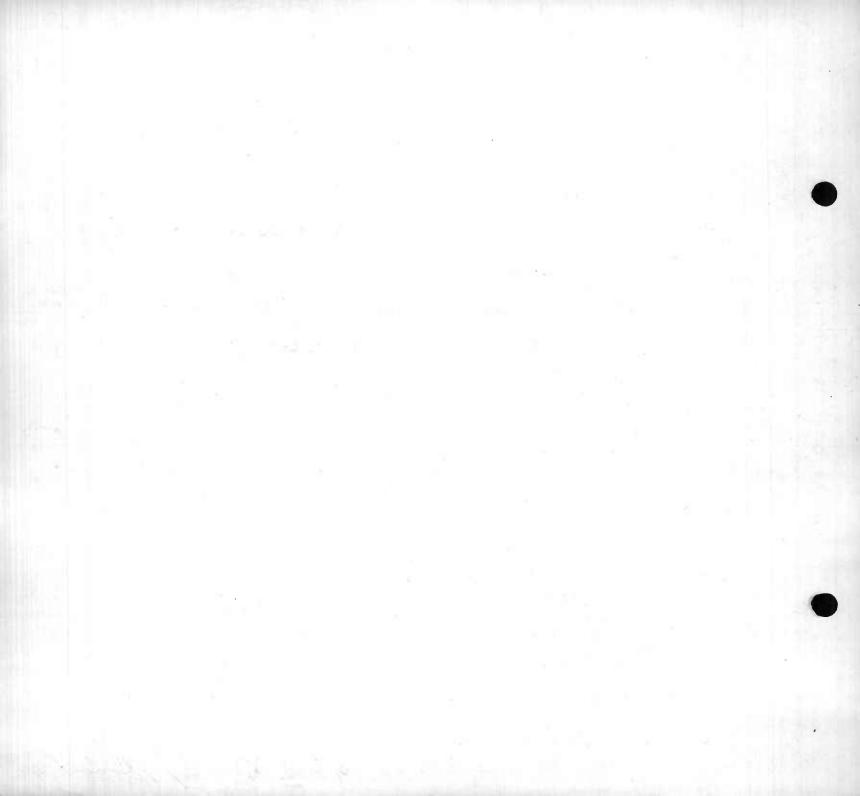
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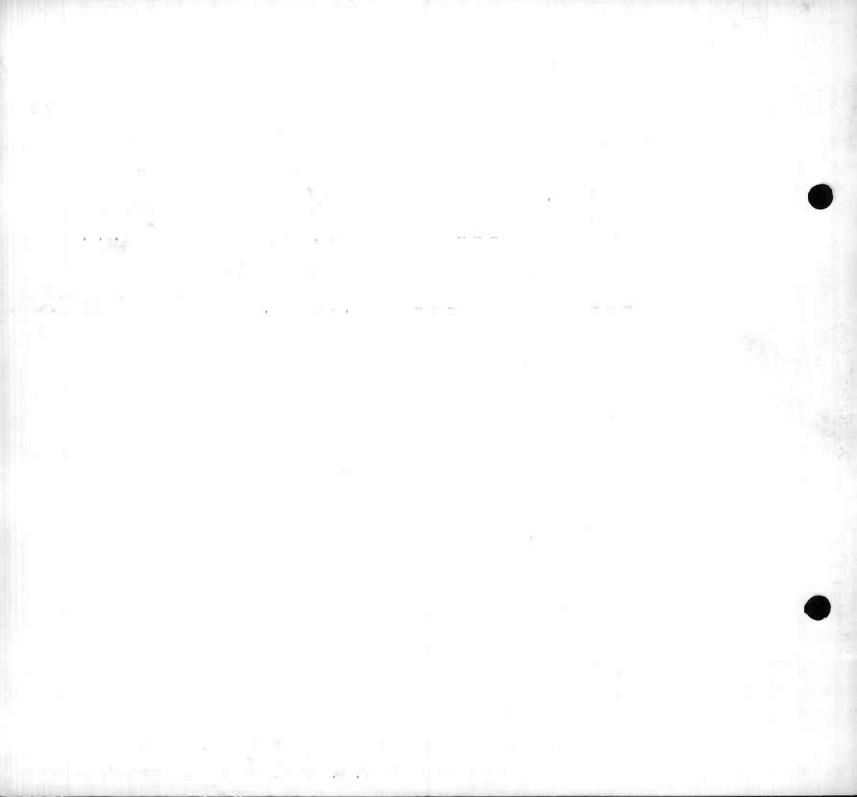
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VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT







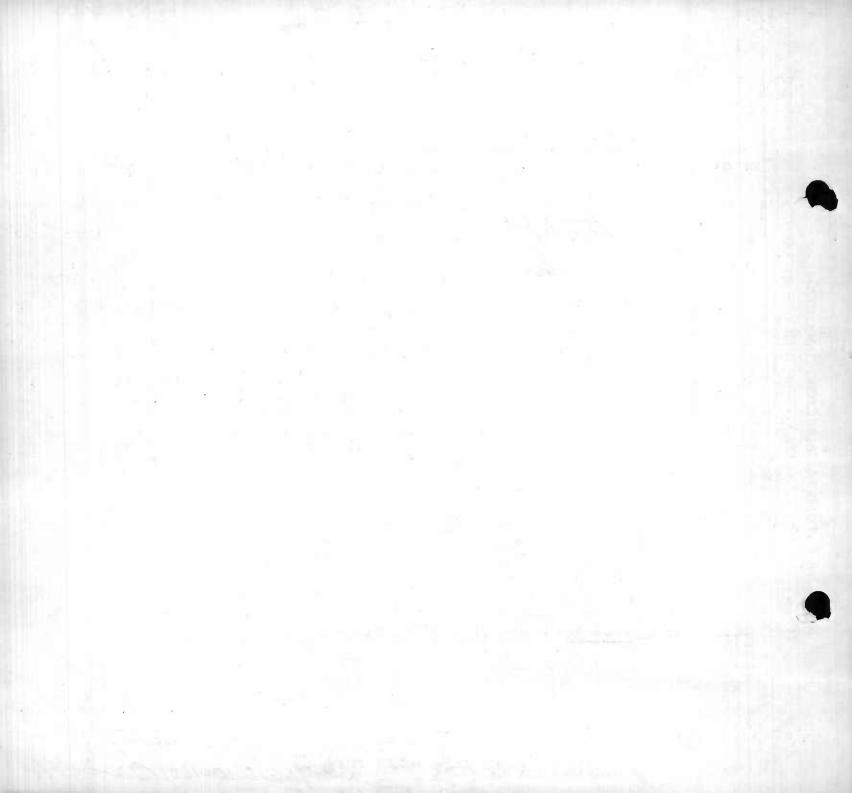
BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.			MED	ICA	EX	AMINER'S	CERTIFI	CATE OF	DEAT	H REG. NO.	69	6405
I. NAME OF	DECEA	SED					2. DATE	Known De	Month	Doy	Yeor	Hour
(Type or Print	)		EC R	DARMA	M		OF	Estimoted				
4 PLACE IN		CHARL				UNCED DEAD	3. DATE	Estimoleo [	5 Month	22 Doy	69 Yeor	3:15 p M.
						IN THE TOP TO		UNCED DEAD	Month	Doy	Teor	nour
OSP 71		A DRE	or o	ION)		UNDED			May	22.	1969	3:15 p M.
						6-25-69	A. STATE	ESIDENCE (Where	dece osed liv	ed. If institution  B. COUNTY	n: residence	before admission)
M	<i>lercy</i>	Hosp	ital			6-00		Maryland		D. COO!!!!	4	-01
6. SEX	7.	RACE	100	8. MAR	RIED	NEVER MARRIED	C. CITY OR			D. INSIDE C	ITY LIMITS?	
Male		Whit	P	WIDO			Balt				ES 🗌	NO 🗆
9. DATE OF	BIRTH	******	10. AGE (I	nyeors	If Und	der 1 Yr. If Under 24 Hrs.		AND NUMBER		1	E3 🗀	NOL
			lost birthdo	y)	Month	s Doys Hours Min.						
11 DIDTUDI A	CEIC			3	10 6	TITENIOE		7 Holliday	St.			
11. BIRTHPLA	CE (Stote	or to reigi	n country)			TIZEN OF	13. FATHER	SNAME				
						TIAT COOTTIAT						
				14B. KIN	OF B	USINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN NAM	ΛE			
one during mo	STOF WORK	ing life, eve	en irretired)									
16. WAS DEC	EASED	EVERINI	J.S. ARMED	FORCE	S?	17. SOCIAL	18. INFORM	AANT		A	DDRESS	
16. WAS DEC (Yes, no or unki	nown) (If	es, give w	or or dates	of service	)	SECURITY NO.				· ·	DOKESS	
Tra .												
19.	92	91)	X			CAUSE OF DEA	TH					PPROXIMATE INTERVAL
DIS	SEASE O	P CONDI	TION DIRE	CTLY								
		DING TO				A AMALEDIATE O	Aller	Craniocer	chwal	inicati		
			mode of dy			(A)IMMEDIATE C	S A CONSEQ	UENCE OF:	entar	TITITITE	25	
heart to	oilure, ost or complic	henio, etc. otion whic	It means the	disease,								
	ANTE	CEDENT	CAUSES			(8)			****			
DISEAS	SES OR	CONDITIO	JSE (A) STA	, GIVING		DUE TO, OR	AS A CONSE	QUENCE OF:				
UNDE	RLYING	CONDITI	ON LAST.	IIIVO INI		(a)						
ó						(C)						
OTHER	CICNIEI		II	ONITRIBLE	TINIC							
O TO THE	EDEATH	BUT NOT	RELATED TO	THE TERM	MINAL							
DISEAS			GIVEN IN P	, ,						***********		
OTHER TO THE DISEAS	TE OF OF	PERATION	1 208. COI	NOITION	FOR V	WHICH OPERATION WA	AS PERFORM	ED			21. AUTO	OPSY? (Yes or No)
0 2												YES
		CAUSE			228. PI	ACE OF INJURY(e.g.,	in or obout 2	2C. WHERE DID (	If In Boltimor	re City, give exc	oct location)	
S OLADEKT		OR CONT			home,	form, foctory, street, office	e bldg., etc.) II			0	0-0	0
E 22D. TIM		TOF DEA	IH. oy) (Yeor	) (Hou	-1 22	Unknown E.INJURY OCCURRED		Unknov 2F. HOW DID IN.		102		~
OF INJUI	RY `	(0	04) (1901	) (100	'		WHILE	ZI. NOW DID IN.	JURY OCC	JK1		
(APPROX.	.)	5 ?	69	?		ORK ATW	ORK X	Unknown				
23.	- 19				_							
l l	certify	that I he	eld an I	nquiry		Inspection Au	tap sy XX	and that an th	nis basis,	death in my	apinlan	
re	esulted	from No	atural cau	ses [	Ac	cident Suicid	e Ho	micide 🔲 🚐	Undetermi	red manner	XX	
		11	1	77.	1			CHIEF MEDICAL E			•	
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	MINER'S						ASSO	CIATE MEDICAL E	XAMINER			
	ME (Type			. Wi	-						lay 23	_,1969
24A. BURIAL		ION, 24	48. DATE	10	240	NAME N SEMEURY	OF CRIMATO	RKU UHD.	MICATION	LAND	n, or county	(State)
REMOVAL (	эреспу)		6-2	3-69			1					
25 A DATE DE	C'D BY	UE ALTIL D	EDT	1250 B	JAME (	E PROVINCE	250	MEDICAL	SCH	not .	DDRESS	
25A. DATE RE		MOE		238	a C	7. 7. 20	2501	TTYGET	ADV.		CC	RCHD

VS 151-REV. 1/1/68

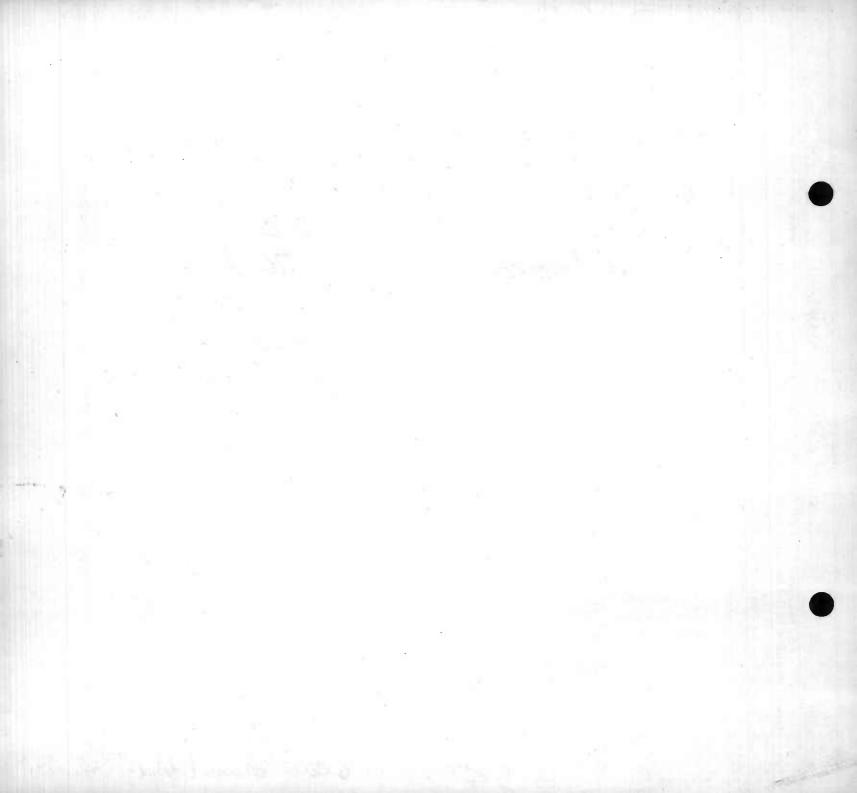
Letter from M. E. S. Office. H. H.

42-97-21 djs	BALTIMORE CITY HEALTH DEPARTMENT 69 6406
MJ32805	BIRTH NO. 69 6406 MATHIS CERTIFICATE OF DEATH
sital and of death Deceased e on the	(Type or Print) James Mathis JP 2. DATE AND HOUR OF DEATH (Type or Print) James Mathis JP (2.1) 4 M.
hosp Jse (5) lanc	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Wifere deceased lived, If institution: residence before admission)  A. STATE  B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  [INSTITUTION OR INSTITUTION   D. INSIDE CITY LIMITS?
in a ng cause; attend ior to	BALTIMORE CITY HOSPITALS  BALTIMORE  YES X NO   OF STREET AND ANY ANY ANY ANY AND ANY ANY ANY ANY ANY ANY ANY ANY ANY
D.=_ L .	4940 EASTERN AVENUE BALTIMORE, MARYLAND 21224 934 EAST PRESTON STREET 21202
ibut inec	S SEY 16 BACE 17
th occurre contribut etermined n regular eceased p	MALE NEGRO WIDOWED DIVORCED 9-15-51 17
in received	IDA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
D - D - D -	MARYLAND U.S.A.
de crt o Un de	13. FATHER'S NAME
T r if d irect (4) U the ispos	
IMPORTANT rr his assistant Niso, if the dii of any kind; ounced death ittendance on	
RT RT ssist the the de de fino fino	BCH: RECORDS 4940 EASTERN AVENUE BALTO. MD.
s ass if if any ced	
his of an order tend	DISEASE OR CONDITION DIRECTLY
Als Als	(A)IMMEDIATE CAUSE TO DETECT OF THE CONTROL OF THE
	heart failure, asthenia, etc. It means the disease,
DR: iner ner. actu pro ular	
T min	(B) NOSCALES (14 NOST)
A X X X X X X X X X X X X X X X X X X X	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
DIRECTOR: cal examiner s; (3) A fractu cian who pro is in regular	UNDERLYING CONDITION lost. (C) M. Cepauls
edicalicalicalicalical	Z CAMED COMPANION CONTRIBUTING
Medica edica burns, hysicin was	
T TE Y TE S	│ 【 DISEASE OR CONDITION GIVEN IN PART 1 (A).
UNERA chief me by a mec by a mec by a mec by a mec by a mec by a mec by a mec	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?
FU the quality (2)	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?
== 000	DEATH (notify medical examiner)
Q.º . ≯ . ₽	Q 21D. TIAAF (Month) (Dow) (Year) (Hour) 21F IN HIPP OCCHERED 21F HOW DID IN HIPP OCCHER
ved host	While At Not While At Work
rove y ny	
dd	6/24 169
2 + 9 B (+ 0	(i) On the state of the state o
t be lised ent spit	23A. SIGNATURE
3000	
relace	23C. PHYSICIAN'S 23D. ADDRESS
was was An An prio	NAME TOO B. Case, M.D. BALTIMORE CITY HOSPITALS
44 - 4	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, fown, of county) (State)
E 1000 E	
This certif the body shows: (1) was D.O deceased	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. TUNERAL DIRECTOR ADDRESS
This the l show was dece	111125 1969 Recept for the Marian Mindelle
	VS 150-REV, 1/1/68



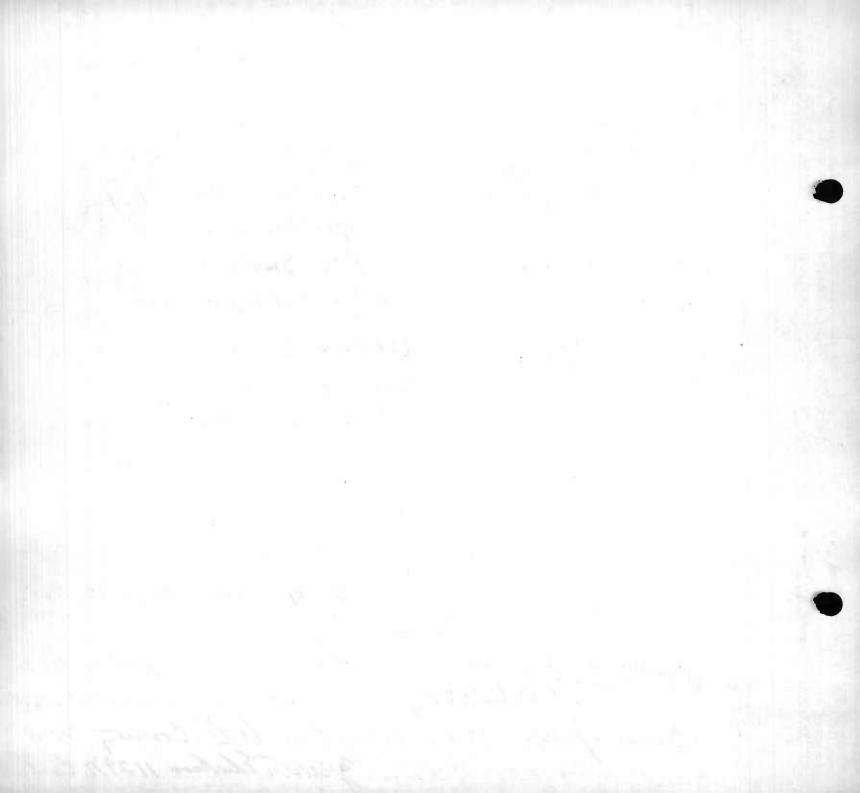
VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

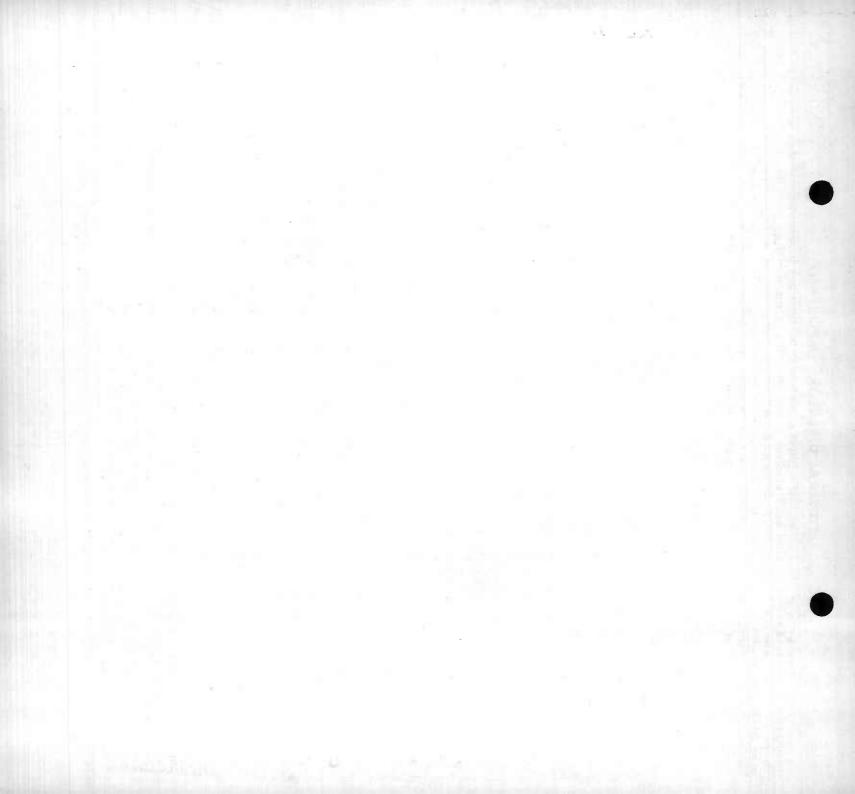


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U	5005	(Type or	6//	en	Ha	Mey		6-	17-6	7	10123	3 A M
1 01	de Do	3. PLAC	E IN BALTIMORE, MA	RYLAND, WHI	ERÈ PRONOUN	CED DEAD	A. STATE	DENCE (When	e deceased lived. II	institution:	residence befor	o admission)
30.1	se os	FULL N	AME OF UF NOT	IN HOSPITAL	OR INSTITUT	ION, GIVE STREET	Maryla			7	1-04	
3 2	10 d	INSTITU	AL UK ADDRES	S OR LOCATI	ON)		C. CITY OR TO	WN	D. 11	ISIDE CITY I	IMITS?	
2 6	t day						Baltir			YES	NO[	]
1	P.E 0 8.2	3 3Th	ne Johns Ho	opkins	Hospi	ta1	E. STREET AND NUMBER					
	ibut ined ined ular d p	5. SEX	6. RACE	7.	MADDIED	NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years   If Under ) Ye . If Under 24 His.					
	S E		nale Negro	0 1	WIDOWED	DIVORCED	4/1/0	06	ost birthdoy) 63	Months	Doys Hour	Min.
	E 0 # _ 0 E	done duri	IAL OCCUPATION (Give	kind of work 10	B. KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE	E (Stote or Tareis	gn country)	12. CIT	ZEN OF WHA	T COUNTRY?
	or nde de tio		Housewle	Le			1/4	1				
	T DECK	13. FATE	ER'S NAME				14. MOTHER'S	MAIDEN NAM	1E			
	irect (4) (4) w w the		rinkno	m		4	7/11	1	()			
Z	stant ie di ind; eath e on al di	15. Was	Deceased Ever in U. S. Ir unknown) (If yes, give	Armed Forces	? 1	6. SOCIAL	17. INFORMANT	anny	7		ADDRESS	
ORTA	ssist the the kin de nce fina		, and the year, give	wor or ooles c	n selvicel	SECURITY NO.	8	ada				
\ O	R 4 20 0 .	18.				CAUSE OF DEAT	H ,	eras			APPROXIMAT	EINTERVAL
MP.	E 04 E 50	0	DISEASE OR COND	DITION DIREC	TLY	Po	111	-	- / /	-	BETWEEN ONSE	T AND DEATH
9	Als att	/Thi	LEADING TO s does not meon the		dan an	(A) IMMEDIATE CAL		my t	myolus		1 in	Lan
ä	50 - 8	heor	rl lailute, asthenio, etc	. Il means the	e disease.	DUE TO, OR AS	A CONSEQUENCE	EOF:	110-			***********
.;Ö		Inju	ry or complication whi ANTECEDENT		eam.)	Anda	- /	. = J	1/	Da	2 -	4.0
T.E.	examina) A fr Who n reg	DISI	EASES OR CONDITI		e airing	(B) DUE TO OR AS	A CONSEQUENCE	L NO TIC	y lasc.	1)	207	1
Z W		nse	se la the above cause (A) stating the INDERLYING CONDITION last.  (C) #X09. O kesty  SO Yn									
ITZ,	dical ical rns; ( siciar vas i nains	UNI	JEKLYING CONDITION	N last.		(c) A	q,	/ KUC 7 /	<u> </u>			7/11
H	07 2 2 7 5 1	Z OTHI	II ER SIGNIFICANT CONDI	TIONS CONTI	RIBUTING		V					
SP.	phy an	V DISE	HE DEATH BUT NOT RE	LATED TO THE T	TERMINAL	**********					*******	
.7	a nody he he sicic	D 19A,	DATE OF OPERATION	198. CONDIT	ION FOR WH	CH OPERATION	20A. AUTOPS	SY? (Yes or No)	20B. IF YES, WER	FINDINGS	CONSIDERED	
K5	A + > 0	H 214	ACCIDENT WAS IND			,	R	10				
- <b>L</b>		. OR C	ACCIDENT WAS UND CONTRIBUTING CAU TH (notify medical exam	SE OF	home,	ACE OF INJURY (e.g., i form, foctory, street, of	i or about 21 C. W fice bldg., INJUR	HERE DID	(If In Boltim	ore City, giv	e exect location	1)
BY	DE 0 3 Z Z	0 210	TIME (Month) (Do			Way a company						
A	De	≥ OF II	NJURY (Monito) (Do	.,, tieon (I	Houd 21E IN While	At Not While	215. 84	OM DID INTO	RY OCCUR?			
MED	st be approvents of the heart of any ne spital (excepted that he hearth); and that he obtain				YYOR	AT TYOIK					/	
			22. I certify that (!) (this hospital) attended the deceased from 1969 to 2000 18 19									
			hot (1) (we) lost saw the deceased office on									
NO		ond	ond hour and from the causes stated above. (i) (We) (did) (did not) view the bady after death.									
NON	S P O P E	-300	Faul &	218	2	MA Atte	nding M	ed. 🖂 S	will Arm	23B, DAT	E SIGNED	60
S	a har to har	23 C.	PHYSICIAN'S	gyl	1/200	DEGREE Phys	. II DI	rector P	hys D	0	1	9
A	was r An a L at c prior		PHYSICIAN'S NAME (Type)				3D. ADDRESS		7 1			
ED			Paul Redst		24C NA14	M.D. DEGREE			pkins Ho	via.		15.
AS]	L-000 -	REA	NAL CREMATION, 278	In sol	2 Cm	the Contract of CRE	A TATORY	24D. LO	CATION	City, town, o	or county)	(Stole)
EZ	s ce s D s D s D s D s D s D s D s D s D s D	25A. DA	TE REC'D BY HEAVY	DEPT. 136	4 //C	1 WILLIAM	cemele	ly Z	Visteph	1, 11	na,	
RELEASED	This ce the bo shows: was D. deceas		JUN25	1969	- A & & .	Taiber M.D.	25C. FUNERA	O GO	Charas 1	1000	ADDRESS	a cas
14		VS 150-R	EV. 1/1/68		e mi		Journa	1 i col	CACEN /	07/	1. Louis	m M

Sur supporter to Business of the Salatan Comment of the Salatan BALTIMORE CITY HEALTH DEPARTMENT



54-42-31 vlb	69 6410 BALTIMORE CI	TY HEALTH DEPARTMENT									
2005	CERTIFIC	ATE OF DEATH REG. NO. 59 6411									
and eath ased the	INAME OF DECEASED 12. DATE AND HOUR OF DEATH										
O D O	(Type or Print)  BABY BOY BEVERLY SNYDER	6-16-69   10:30 P M.									
+ + 0 -	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A, STATE B. COUNTY									
hos Se an de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	MARYLAND  C. CITY OR TOWN  BALTIMORE  D. INSIDE CITY LIMITS?  YES X NO									
caus caus use; (3	BALTIMORE CITY HOSPITALS										
- 3.	3 / 4940 EASTERN AVENUE	E. STREET AND NUMBER									
0	BALTIMORE, MARYLAND 21224	1415 W. LOMBARD ST. 21223									
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 2	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths; Days Hows; Min.									
occurr ontribu ermine regula eased is mad	MALE WHITE WIDOWED DIVORCED										
det det	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTI done during mast of working life, even if retired)	RY 11. BIRTHPLACE (State or (areign country)  MARYLAND  12. CITIZEN OF WHAT COUNTRY?  USA									
Sit S	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME									
T = 1 × + + + + + + + + + + + + + + + + + +	JOHN L. III	BEVERLY									
TAN istar istar ind deat ce o	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war ar dates of service)  16. SOCIAL SECURITY NO.	RECORDS: BCH 4940 EASTERN AVENUE									
ass if the iny ed dan or fi	1B. CAUSE OF DEA	BALTIMORE MARYLAND 21224  APPROXIMATE INTERVAL									
IMP or his Also, re of a nounce aften	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or camplication which caused death.)  (A) IMMEDIATE CAUSE A FLACU (4) PHILLY (5) DUE TO, OR AS A CONSEQUENCE OF:										
DIRECTOR: ical examiner al examiner. is; (3) A fractu cian who pro cian who pro as in regular	ANTECEDENT CAUSES  (B).  DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the obove couse (A) stating the UNDERLYING CONDITION last.  (C)										
AL medicedic burn hysin n we	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION  20A. QUIVOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED										
IN Chie Chie Bod the the ysic	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.)  20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?									
FU (2) (2) ere o ph	U 121 A. ACCIDENT WAS UNDERLYING!   1218, PLACE OF INJURY (e.g.	u, in or about 21C. WHERE DID (If in Baltimare City, give exact lacation) affice bldg., INJURY OCCUR?									
ved by hospitc nature; ept wh	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?									
t be approsed to the ent of any spiral (excleath); and	22. I certify that (I) (this haspital) attended the deceased from 11-5000 19 69 to 16-5000 19 69, that (I) (we) lost saw the deceased alive on 16 5000 19 69 and that in (my) lour) opinion deoth occurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter death.										
must be a released to ccident of a hospital to death)	23A. SIGNATURE  Lacure Of Afficial Director Director Phys.  Attending Director Phys.  23B. DATE SIGNED  16-JUNE 6										
ificate y was r 1) An a 1.A. at d prior	Lowanh H. KHALAN MI	Lowenh H. KAGGEN BICT BALTIMORE, MARYLAND 21224									
	CREMATION 24B. DATE 24C. NAME of CEMETERY of CREMATION 6-20-69 BALTIMORE CITY	HOSPITALS 4940 EASTERN AVENUE BALTIMORE, MARYLAND 21224									
This cert the bod shows: ( was D.O decease	JUN 25 1969 Pober E. Jaker M. D.	HOSPITAL DISPOSAL									
	VS 150-REV, 1/1/6B										



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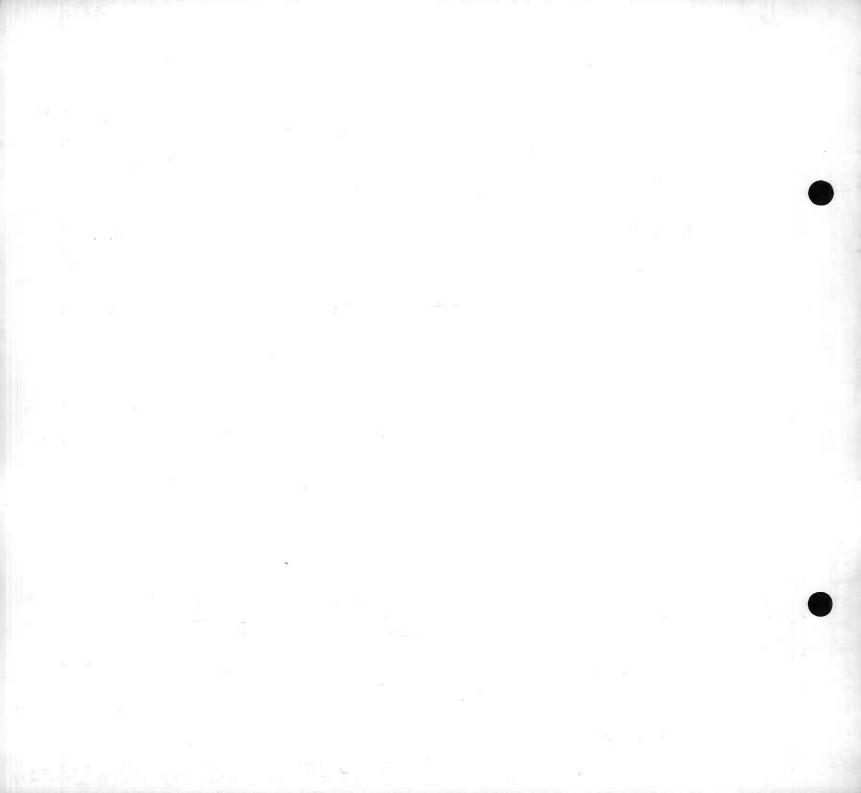
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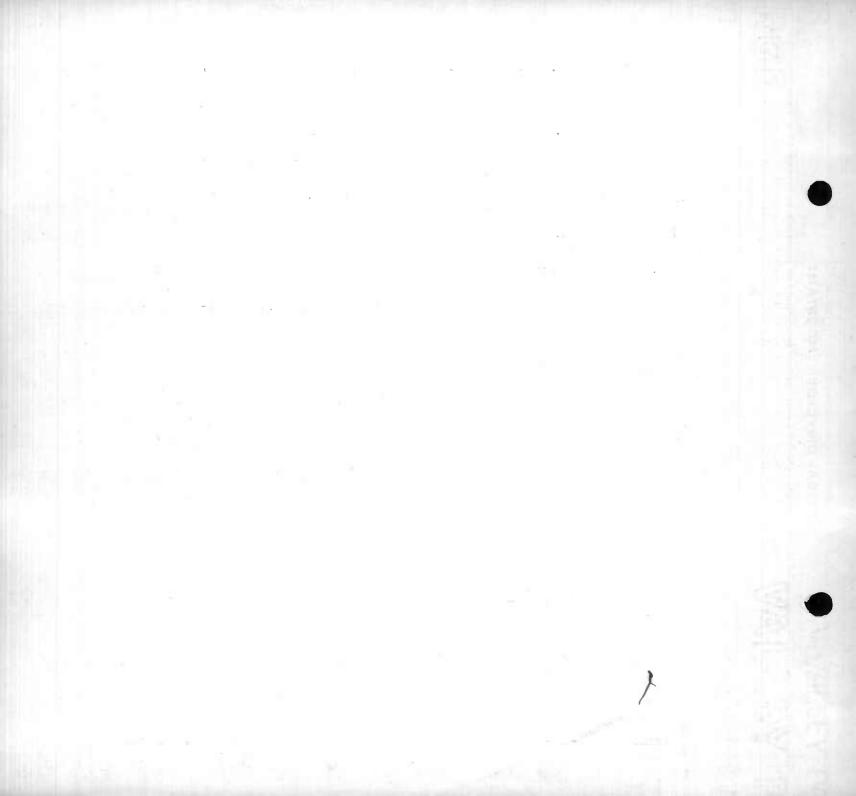
Baltimore, Maryland 6/25/69 Green Mount Crematory Cremation 25B NAME OF REGISTRAR 25C. FUNERAL DIRECTOR OH. Sander & Sons, Inc., Balto., Md. VS 150-REV. 1/1/6B

W. Significant and another description of the state of th

BALTIMOR	RE CITY HEALTH DEPARTMENT
BIRTH NO. 69 6412 CERTIF	FICATE OF DEATH REG. NO. 69 6412
Type or Print I TEDE (EIS)	JUNE 21, 1969 1 2 40 A.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived II institution and described
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET INSTITUTION GIVE STREET INSTITUTION	ET Maryland 13-06  C. CITY OKTOWN D. INSIDE CITY LIMITS?
Sinai Hospital of Baltima	Baltimore YES NO
	3338 Chestnut Avenue 21211
5. SEX F 6. RACE WC 7. MARRIED NEVER MARRIED DIVORCE	ED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. II Under 24 His Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR IND	DUSTRY 11. BIRTHPLACE (Stole or lareign country) 12. CITIZEN OF WHAT COUNTR
Housewife Home making	Maryland U.S.A
	14. MOTHER'S MAIDEN NAME
Charles O'connor	Mary Mann
5. Was Daceased Ever in U. S. Armed Forces? Yes, no ar unknown! (If yes, give wor or dotes at service) SECURITY NO.	17. INFORMANT ADDRESS
No No 213-19-015	
18. ZZ / O . Q 1 CAUSE OF	Ta ava approach decogn capacity and the
DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
LEADING TO DEATH	
	ORAS A CONSEQUENCE OF:
heort loiture, asthenia, etc. It means the disease, injury or complication which coused death.)	ON NO N CONSEQUENCE OF:
ANTECEDENT CAUSES	Parl
(p) Q Th	broscleratic cardiovasculardis 10 years
DISEASES OR CONDITIONS, if ony, giving nise to the abave cause (A) stoling the	OR AS A CONSEQUENCE OF:
UNDERLYING CONDITION last, (C) C.C.	ute myocardial infarction 3 days
11	To the second se
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. ATTOPSY? I'ves of Noil 208 IE VES WEST SINDINGS CONCINED
WAS PERFORMED	20A-AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF hama, form, toclory, street (notify medical examinet)	(e.g., in at about 21C. WHERE DID (II In Boltimore City, give axacl location)
21D.TIME (Month) (Dayl (Year) (Hour) 21E INJURY OCCURRE	D 21F. HOW DID INJURY OCCUR?
(APPROX.) While At No.	t While
	Work L
22. I certify that 🔊 (this haspital) ottended the deceased from	
that (i) (we) last saw the deceased alive an June	the day control death accorded an the day
and have and from the causes stated above. (1) (We) (did) (did-	not) view the body after death.
23A. SIGNATURE	23B, DATE SIGNED
Barry Dage M.D.	Attending Med. Staff
23C. PHYSICIAN'S DEGREE	Phys. Director Phys. 4 6(216)
NAME (Type) BOSSIA GASSA MA	
44- BURIAL CREMATION, 1248, DATE 124C, NAME OF CEMETERY	DEGREE Sinai Hospital of Baltimore, I,
REMOVAL (Specily)	of CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial Jun24, 1969 Grace Methodis	t Church Cem Savage, Maryland
JUN 25 1969 Udber E. Waller	25C. FUNERAL DIACCTOR? / ADDRESS
JUNED 1303 Valend C. Markey	18 / Wan lit - BIN 11 2/th St 210
\$ 150-REV. 1/1/68	- MUNICIPAL 017 V. 36 J. 212



VS 150-REV. 1/1/68



VS 150-REV. 1/1/6B

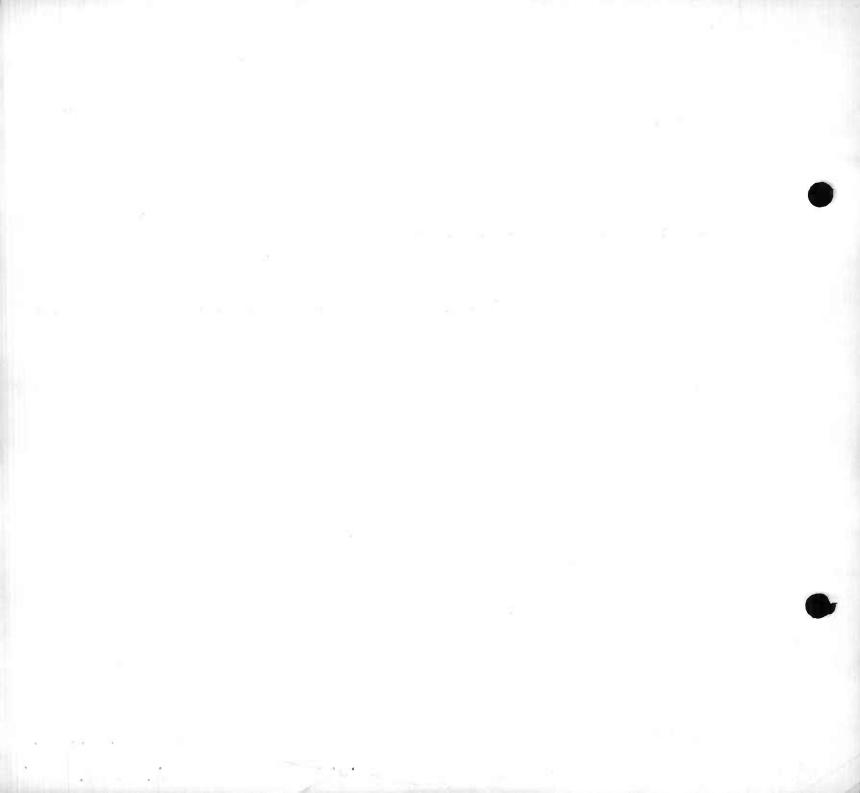
7/3/69 - Marriage record. Groom: Albert H. Schaub. Bride:
Annie E. M. Schmidt. Age at time of marriage: 19 yrs.

D.M. 1/23/1901. Folio: 314. Docket: 1901.

IMPORTAN

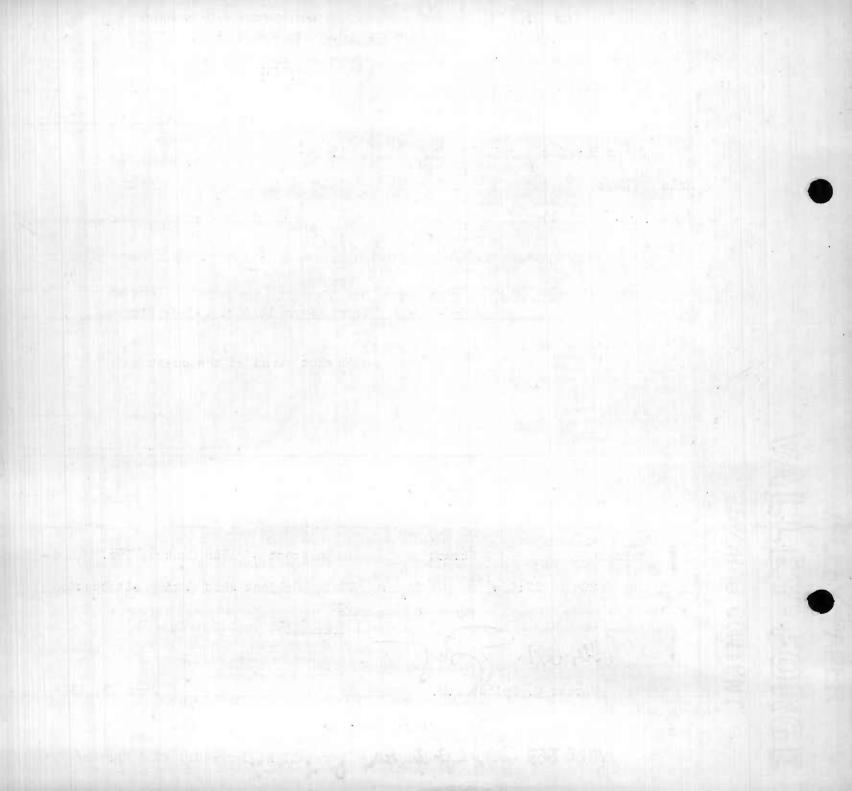
DIRECTOR:

FUNERAL



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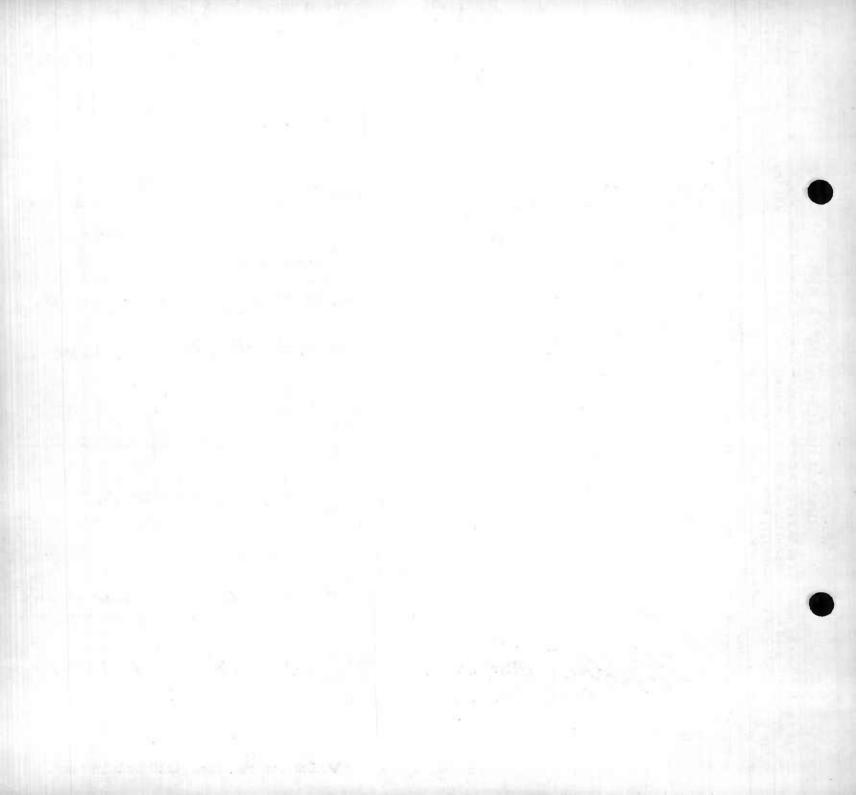
		WEL	ICAL	EXAMINEK 2	LEKIIF	CATI	t Or	DEAI	H REG. NO	0		
BIRTH NO.	CEACED				II						-	
1. NAME OF DE	CEASED				2. DATE OF		u XX	Month	Day	Year	Hour	
GI	ENE BU'	TLER	(Morri	s Carter)	DEATH	Estim	ated 🗆			4		M.
4. PLACE IN BA	LTIMORE, MA	RYLAND, V	VHERE PRO	NOUNCED DEAD	3. DATE			Month	Doy	Yeor	Haur	
FULL NAME OF	(IF NO	TIN HOSPITA	AL OR INSTIT	UTION, GIVE STREET	PRONC	UNCED D	DEAD	T	22	1060	10.	59p M
HOSPITAL OR INSTITUTION	ADDRE	SS OR LOCA	IION		S USUAL I	ESIDENC	E (Where	June	22 ; ved. If instituti	1969		
23				•	A. STATE	COIDEIAC	L (which	deceased ii	B. COUNTY		) or or or	1331011)
2)	Johns H	opkins	Hospi	tal	1	4297	Mar	yland		7	.0	7
6. SEX	7. RACE		8. MARRIE	NEVER MARRIED	C. CITY O				D. INSIDE	CITY LIMITS?		
M-1-	NY		WIDOWE		D-1-	· 2				YERRAY		
Male 9. DATE OF BIRT	Negro	10. AGE (II		Under 1 Yr. If Under 24 Hrs.	E. STREET	imore				KXXX	ио Ц	
. DATE OF BIRT		fost birthda		lonths   Days   Hours   Min.								
May 4,		44			1429	N. Ce	Atra1	L Ave.				
11. BIRTHPLACE	State or fareig	gn country)	12	CITIZEN OF	13. FATHER							
Virgi	nia			WHAT COUNTRY?	C1	do Co	20 de 0 20					
		e kind of work	14B. KIND C	OF BUSINESS OR INDUSTRY		de Ca		ME				
dane during most of	working life, ev	en if retired)	THE CONTRACT OF THE CONTRACT O	. Donited On Habour	T. MOTH	o male	LIT ITA	,,_				
Labor						nces	?					
16. WAS DECEAS (Yes, na ar unknawr	SED EVER IN	U.S. ARMED	FORCES?	17. SOCIAL SECURITY NO.	f8. INFOR		4			ADDRESS		
Unknown	Min Acs, Black	- OI OI GOIES	Or service)	214-44-4409	Tyrony	Craren	n 1/1	4 F (	Oliver	Ctroot		
19.	1	1/		CAUSE OF DEA		Gwyll.	11_141	4 E. (	river_		PPROXIMATE	INTERVAL
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			,									
A	NTECEDENT	CAUSES		/p)								
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RISE TO TH	IE ABOVE CA	USE (A) STAT	TING THE									
Z	NG CONDIII	ION LASI.		(C)								
OTHER SIGN		II										
OTHER SIGN	NIFICANT CON	VOITIONS C										
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				OR WHICH OPERATION W	AS DEDECOR	AED				21 ALITO	OPSY? (Yes	a or Na)
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1000											YES	
22A. EXTER	RNAL CAUSE		22	B. PLACE OF INJURY (e.g.,	In or about	22C. WHE	RE DID	(If in Baltima	re City, give e	xact lacation)	- A	
	GTOR CON		• ho	ime, farm, foctory, street, offic							4.6	) 9
	AUSE OF DEA		\ /!! \	Street		In fro	ont o	f 1416	Centra	al Ave.		-/-
OF INJURY	(Manth) (E	Day) (Year	(Hour)	22E.INJURY OCCURRED		ZZF. HOW	או טוט א	JURY OCC	UK?			
(APPROX.)	6 2	2 69	12:45p	WHILE AT NOT	WHILE ORK	St	hiec	t shot	during	o alter	catio	112
23.		6	TO LAND		204		اعراب	C SHOC	. QULLIN	e arrer	Callo	/11
Lcer	tify that I h	eld on I	nquiry 🗌	Inspection Au	topsy XX	and th	hat on t	his basis	death In m	v aninian		
							TTE P					
resul	Ited fram: N	latural cau	ses	Accident Suicio	He L	amicide	IVV	Undetermi	ned monner			
	1/1	1.	1	> ) ,—	_	CHIEF MI	EDICAL E	XAMINER				
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SIGNAT		7,04	-	M.D								
EXAMIN				1 0	ASS	OCIATE M	EDICAL E	EXAMINER				•
NAME (		erner I	J. Spi	tz, M.D.						June 23		
24A. BURIAL CRE		24B. DATE		24C. NAME of CEMETERY	or CREMAT	ORY	24D.	LOCATION	(City, to	wn, ar county	) (s	State)
REMOVAL (Spec				W. 0.1					1/3			
Burial 25A. DATE REC'D		6-26-6	9	Mt. Calvary C	emeter	У		1. Co.	, Md.			
25A. DATE REC'D	BY HEALTH	DEPT.	25B. NA	ME OF REGISTRAR	25C.	FUNERAL	. DIRECTO	OR		ADDRESS		
	JIIN	26 196	q ma	8 8 30 a. N.	a Ma	rshal	1 W	Jones	Jr. 17	35 Har	ford /	Ave
	0011	74 100	1		1,10	1011	7 "	Jones	, /	JJ Hal.		
/S 151-REV. 1/1/6	8 //	7 6	7 /	the second second	0	3	1					

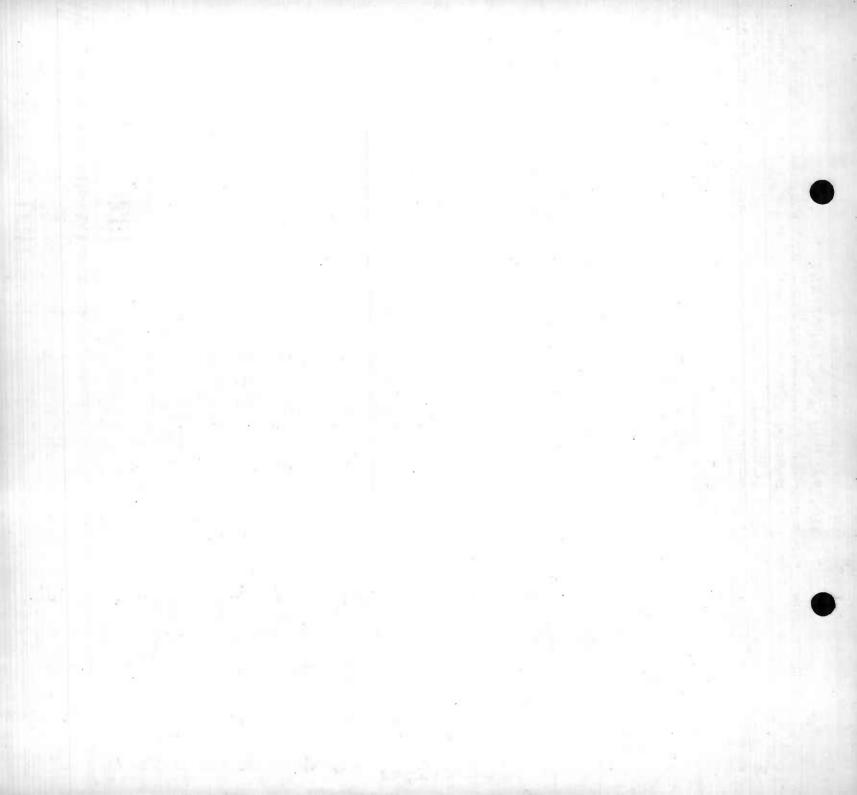


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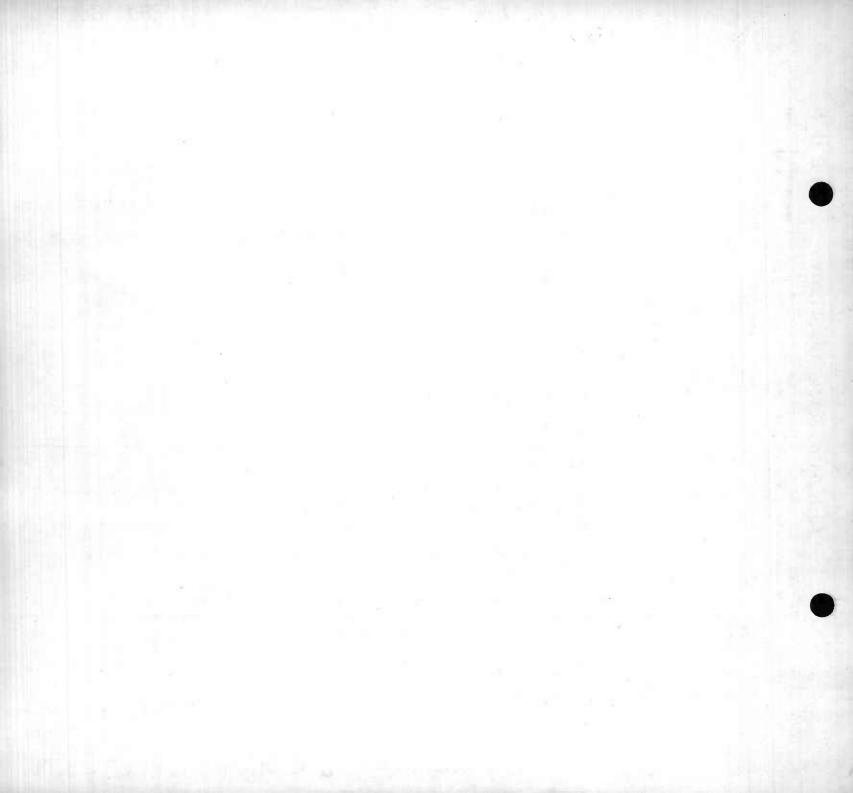
VS 150-REV. 1/1/6B

NAME OF D		NA BREITE	ENBACH		22, 1969	11:458
FULL NAME OF HOSPITAL OR	F (IF NOT IN		ONOUNCED DEAD	Maryland c. City or town	ΤΥ	institution: residence before admission
Mary	land Gene	ral Hospi	tal	Baltimore  E. STREET AND NUMBER  3004 McElde	erry S _{t.} ,	YES 🕅 NO 🗌
sex Female	6. RACE		RIED NEVER MARRIED	B. DATE OF BIRTH  June 21, 1891	ost birthdoy) 78	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
OA. USUAL OC	CUPATION (Give king of working life, even in	nd of work 10 B. KIN	D OF BUSINESS OR INDUSTRY		• •	12. CITIZEN OF WHAT COUNT
3. FATHER'S N	ge Neidhar	dt		Sophia Shri		
S. Was Deceas	ed Ever in U. S. A wn) (If yes, give wo	rmed Forces?	ice) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			CAUSE OF DEAT	1	Rayman, 30	004 McElderry St.
heart failur injury ar co DISEASES rise ta	LEADING TO nal mean the n e, asthenia, etc. 1 amplication which ANTECEDENT ( OR CONDITION the abave caus	nade af dying, I means the dis caused death.) CAUSES NS, if any, g se (A) stating	(B)	A CONSEQUENCE OF:	TCVD	2.Y.F.
DISEASES rise ta UNDERLYII	nal mean the ne, asthenia, etc. 1 amplication which ANTECEDENT ( OR CONDITION the abave caus NG CONDITION	nade of dying, I means the discaused death.) CAUSES NS, if any, g se (A) stating last, DNS CONTRIBUT TED TO THE TERMI	e.g., DUE TO, OR AS iving the (C)	A CONSEQUENCE OF:	TCVD	2. Y.F.S.
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DISEASES rise ta UN DERLYII  OTHER SIGN TO THE DE DISEASE OR  19 A. DATE OF 21 A. ACCID OR CONTRI	onal mean the ne, asthenia, etc. I amplication which ANTECEDENT (OR CONDITION the abave caus NG CONDITION -      VIFICANT CONDITION ATH BUT NOT RELA CONDITION GIVE OF OPERATION   1 V  DENT WAS UNDER IBUTING CAUSE hify medical examination conditions are conditions of the condition of the conditi	nade of dying, I means the discaused death.) CAUSES NS, if any, g se (A) stating last. DNS CONTRIBUT TED TO THE TERMIN IN PART 1 (A). PS. CONDITION WAS PERFORMED OF	e.g., ease,  (B) DUE TO, OR AS  DUE TO, OR AS  ING (C)  ING NAL  FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., indome, form, foctory, street, o	20A. AUTOPSY? (Yes or No)  N O  n or obout 21C. WHERE DID INJURY OCCUR?  21F. HOW DID INJU	20B. IF YES, WERE IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
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DISEASES rise ta UNDERLYII  OTHER SIGN TO THE DE DISEASE OR 197A. DATE OR CONTRI DEATH (not 21 D. TIME OF INJURY (APPROX.)  22. 1 certit that (1) (wo	onal mean the me, asthenia, etc. I amplication which ANTECEDENT (OR CONDITION the abave caus NG CONDITION -      VIFICANT CONDITION ATH BUT NOT RELA CONDITION GIVE OF OPERATION   1 V V V V V V V V V V V V V V V V V V	made of dying, I means the discaused death.) CAUSES NS, if any, g se (A) stating last.  DNS CONTRIBUT TED TO THE TERMI NIN PART 1 (A). 98. CONDITION VAS PERFORMED  CLYING OF et)  (Year) (Hour)  hospital) attendedeceased alive ses stated above	e.g., ease, But To, OR AS on the Colombia of the deceased from the Colombia of	20A. AUTOPSY? (Yes or No)  NO nor obout 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID INJURY  21F. HOW DID INJURY  12F. HOW DID INJURY  21F. HOW DID INJURY  AND DID INJ	20B. IF YES, WERE IN CERTIFYING C  (If In Boltime)  JRY OCCUR?  9 69 to option(my) (out) option(my)	E FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact location)





VS 150-REV. 1/1/68



IMPORTANT

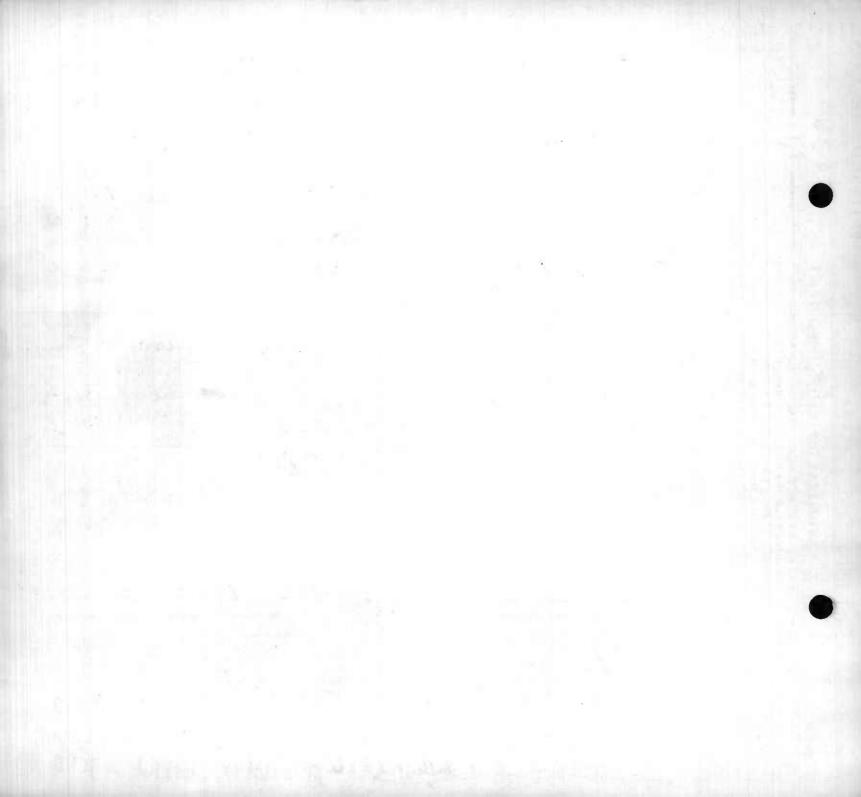
FUNERAL DIRECTOR:

BIRTH NO.	68	9 6420	BALTIMORE CITY CERTIFICA	TE OF DEATH	REG. NO	69	6420
1. NAME OF D	ECEASED		1 .		ND HOUR OF DEATH		
	Josep	h	lelm	4. USUAL RESIDENCE (Wh	19-69	1	IP
3. PLACE IN B.	ALTIMORE, MARYLAND, V	WHERE FRONOUN	CED DEAD	4. USUAL RESIDENCE (Wh.	ere deceased lived, If i	nstitution; rosid	ence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	F (IF NOT IN HOSPI' ADDRESS OR LOC	TAL OR INSTITUTI ATION)	ION, GIVE STREET	C. CITY OR TOWN	O B U	IDE CITY LIMI	53-00
Lun	ion men	norial	HOSP.	BALTIMORE E. STREET AND NUMBER		YES 🛮	но 🗌
S. SEX	6. RACE	12		ROUTE 15			
M	WHITE	WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 09-01-83	9. AOE (In years lost birthday)	If Under 1 Months Do	Yr. If Under 24 Hrs. Hours Min.
done during most	CUPATION (Give kind of wor of working life, even if retired)	108 KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for	eign country)	12. CITIZEN	OF WHAT COUNTRY
13. FATHER'S N				MARYLAN	1D	U	. S. A.
11	1 m 1 m 1 m 1 m	11001		A	IME.		
15. Wos Decess	ERICUS  ed Ever in U. S. Armed For	ces?	5. SOCIAL	CINTOCO CO	UN		
(Yas, no ar unknav	vn) (If yes, giva war ar dote	is af sarvice)	SECURITY NO.				DDRESS
10 / 4				MARGARE	T HANZ	LIK	
DISE	ASE OR CONDITION DI	RECTLY	CAUSE OF DEAT			BETV	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
(This daes	LEADING TO DEATH nat mean the mode of asthenia, etc. It means	dying, e.g.,	(A) IMMEDIATE CAU	SE CARDIOGE A CONSEQUENCE OF:	NIC SHE	ck	
injury at ca	mplication which caused	daath.)					
	ANTECEDENT CAUSES		(B) COK	PCIL MONO	ALE		
DISEASES	OR CONDITIONS, if he above cause (A)	any, giving					
UNDERLYIN	IG CONDITION last.	siening into	(c) ARTER	IOSCLEROTIC	HEART L	VISENSE	
z	11		-				
TO THE DEA	IFICANT CONDITIONS CO ATH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR	HE TERMINAL		IONARY TUI	BERCULOS.	2	
THE TOTAL OF THE PARTY OF THE P	F OPERATION 198 CON WAS PERI	FORMED	CH OPERATION	20A. AUTOPSY? (Yas or No	IN CERTIFYING CA	FINDINGS CO USES OF DEA	NSIDERED TH?
OR CONTRIE	ENT WAS UNDERLYING CAUSE OF y madical examined	218, PL, hame, atc.)	ACE OF INJURY (e.g., ir farm, factory, straat, of	ar obout 21C, WHERE DID ica bldg., INJURY OCCUR?	(If In Boltimar	e City, give ex	act facation)
OF INJURY	(Month) (Doy) (Yeorl	(Hour) 21E, IN White	JURY OCCURRED  At Not While	21F. HOW DID INJ	URY OCCUR?		
		Wark	☐ At Work				
	y that (I) (this haspital			1-24	1969 ta 6	- 19	1969
l I	) last saw the decease		·		at in (my) (aur) api	nlan death o	ccurred an the date
and haur at		ed abave. (I) (V	(did) (did nat) vi	ew the bady after death.			
4	waan T	- Coll	Alter Phys.	ding Med.	Shaff Phys.	23B. DATE SI	GNED 19-6-9
23C. PHYTICI NAME	(vpe)	IAN, M.	2	3D. ADDRESS THE U	NION MEMOR	TAL. HO	SPITAL
24A. BUWAL CR REMOVAL	EMATION, 248. DATE	24C. NAMI	DEGREE of CEMETERY or CRE	MATORY AND MATORY	END AND	EMA	KYLAKD -
054 - 042 - 042	6/26/			JOHN'S H	OPKINS M	EDICA	I SCHOOL
ZOA. DATE REC'I	IUN 2 6 1969	25B. NAME OF	da da	25C. FUNERAL DIRECTOR MORTI	JARY SFR	VICE	RCHB

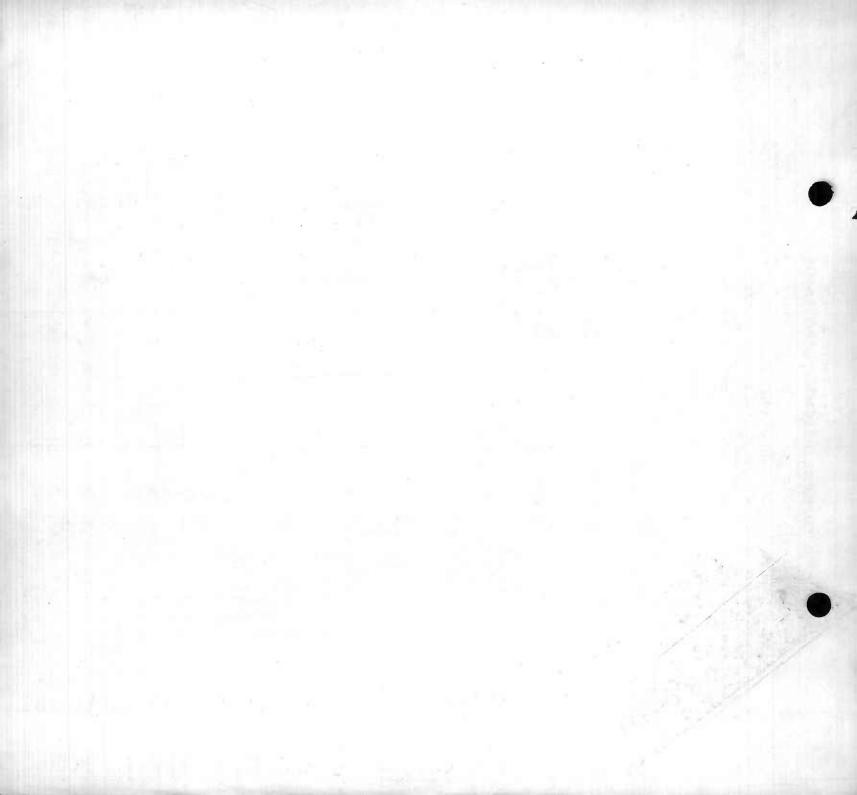
Λ. .

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Deceased BIRTH NO. death I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 6 hospital of 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 8. COUNTY A. STATE ance (2) cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION CITY OR TOWN D. INSIDE CITY LIMITS? attend canse; YES NO SINAI HOSPITAL E. STREET AND NUMBER contributing Undetermined OF 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Hours Min, 5. SEX 6. RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED BW lost birthdoy Months! Doys WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10A, USUAL OCCUPATION Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) disposition done during most of working life, even if retired) SID 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME he 4 MAICZEWSKI IMPORTANI death 15. Was Oeceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. ce an any CAUSE OF DEATH 0 BETWEEN ONSET AND DEATH attend DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH fracture (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, 9 DIRECTOR: ğ injury or complication which caused death,) em ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. the remains Was Ш FUNERAL CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (II in Baltimare City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR? hospital MEDICAL 0 DEATH (notify medical examiner) 21 D. TIME OF INJURY obtained (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While (APPROX.) Work At Work any 22. I certify that (1) (this hospital) attended the deceased fram. 196 that (1) (we) last sow the deceased olive on ond that in (my) (aur) apinlon death occurred an the date eath) of hospital and hour and from the causes stated above. (1) (We) (did) (did not) view the bady after death. must accident 23A, SIGNATURE 238. DATE SIGNED O Attending [ Med 0 Director Phys. written approval DEGREE 0 23C. PHYSICIAN'S 23D. ADDRESS prior 24A. BURIAL CREMATION, 24C. NAME of CEMETERY of CREMATORY ceased REMOVAL (Specify) shows: SD 25A. DATE REC'O BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 26 1969 3

V\$ 150-REV. 1/1/68

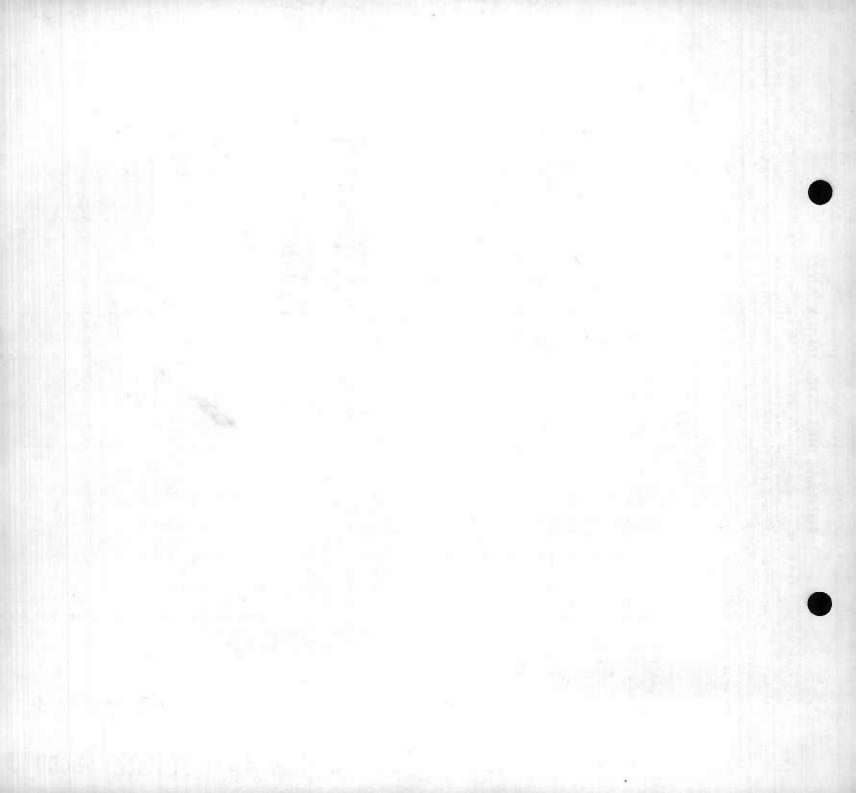


T	1 -1		CO CASO BALTIMORE CITY HEALTH DEPARTMENT 69 6429 4
1	50000		CERTIFICATE OF DEATH REG. NO. 69 6422
	1 + S + C	1. N	NAME OF DECEASED 2, DATE AND HOUR OF DEATH
	Sage	(Ту	Pe or Print TRAMUEL BARY GIRL 2/1/69 4:00 Am.
	i boot	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED BEAD    4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)   A. STATE   B. COUNTY
	haspi ise a (5) D ance deat	FU	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET BALTIMORE, MANY LAND
		IN:	STITUTION D. HASIDE CITY EMMISS
	_ 0 2 0	Z-	BALTIMORE YES NO
	ep de	2	SINAI FOSTIA 2019 Brookfield Avenue
•	ccurr ntribu mine sgula sed	S. S	SEX   6. RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In yeors last birthdoy)   1 Under 1 Yr. If Under 24 Hrs. Months Doys Min. 2 /2 how.
	con con eter n re eced		USUAL OCCUPATION (Gree kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
	or o	10	MAILYLITUP
_	if d (4) U wa the spas	13.	JUMY SNOWDEN TRANSEL, BETTY
Z	stant ind; eath e an	15. (Yes	Was Deceased Ever in U. S. Armed Forces? s.no or unknown) [If yes, give wor or dotes of service) SECURITY NO.
2T/	if the d ny kind; d deatl ance ar		
IMPORTAN	if if		CAUSE OF DEATH  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
¥	lso, of of or of ed		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
	Als Als art		(A) IMMEDIATE CAUSE  (A) IMMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OF:
8	ner er. ctu pro lar		injury or complication which coused death.)
2	amin min fro ho ho e en		ANTECEDENT CAUSES
DIRECTOR:	X 2 3 - F		DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:
3	ale (3) (3) an ns o		UNDERLYING CONDITION lost. (C)
-	dical dical rrns; rsicio was mair	z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
Z	medical medical burns; physici an was remai	ATION	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
UNERA	a no		
5	by by 2) Bo e th ohys	CERTIFIC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID ((If in Boltimore City, give exact location)
IL.	+ = 0 = 0 = +	AL	OR CONTRIBUTING CALLS OF Low factory street office hide INTIDY OCCUP?
	D 0 - > D	MEDIC	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	ved hos natu ept d (6)	Z	OF INJURY (APPROX.)  While At Not While At Work  At Work
	bt XX		22. I certify that (1)(this haspital) attended the deceased from 211 1:40 pt 19 69 to 2 / 69 194,60,
	app fart far (e) ();		that (1) we) lost saw the deceased alive an 2/1/69 19 and that in (my) (aur) apinion death accurred on the date
	0017		and have and from the causes stated abave (1) (We) (did) (dld nat) view the bady after death.
	ust be eased ident nospit o deat must		23A. SIGNATURE 23B. DATE, SIGNED
	mele ele ccic d to to	1	Attending Med. Staff Phys. Director Phys. Director 2/1/69
	at and and ior	1	23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS
	was was A. at prio	244	DEGREE ON TO SELECTION OF MARY AND
	モンこのるこ	244	A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY of CREMATORY JOHNS HOPKINS MEDICAL SCHOOL
	O N D R O	254	
	This of the bashow was deceded	A	JUN 2 6 1969 Pares E. Farber 120 MORTUARY SERVICE - BCHD
		VS	150-REV. 1/1/6B

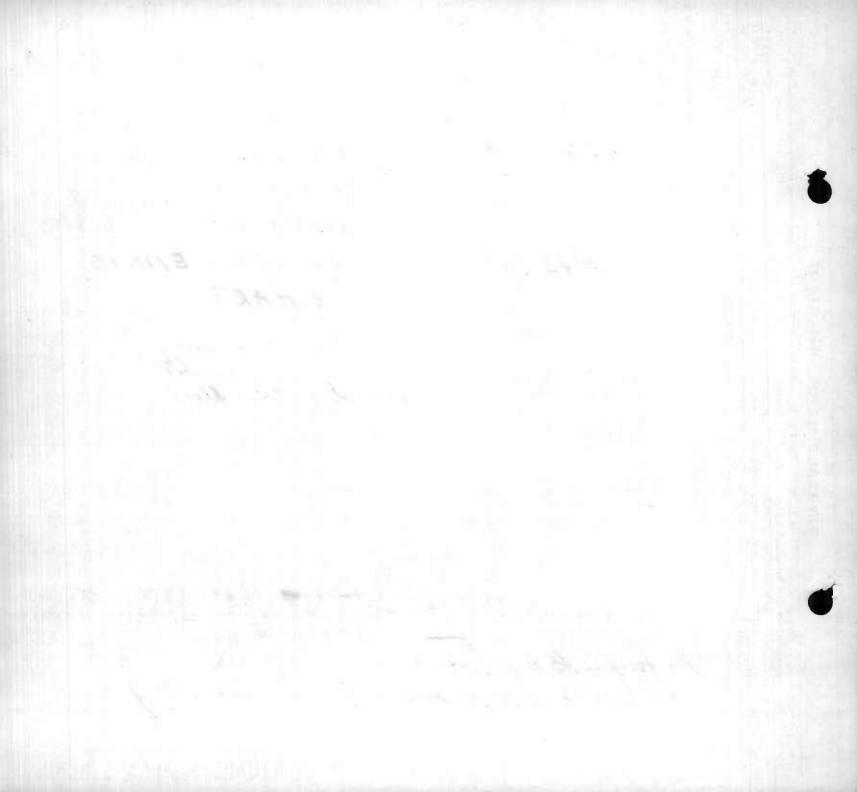


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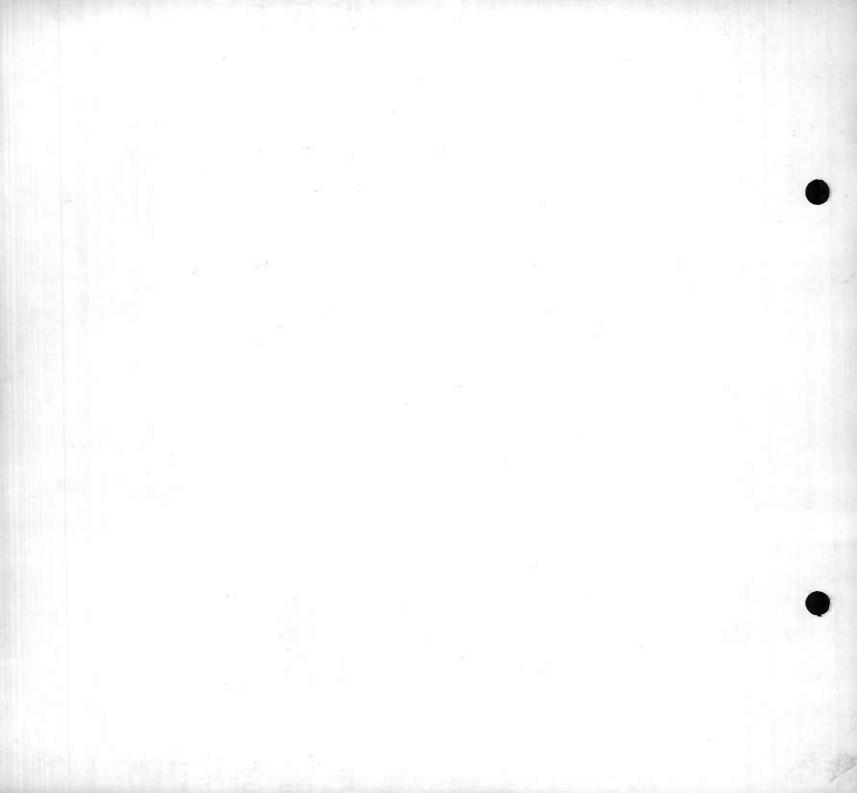
69	6423 BALTIMORE CIT	Y HEALTH DEPARTMENT		69 6423 4
BIRTH NO. 109-10079	CERTIFICA	ATE OF DEATH	REG. NO	00 0120
I, NAME OF DECEASED  Type of Print)   14/1   RABY	GIRL	2. DATE ANI	D HOUR OF DEATH	405 P.
3. PLACE IN BALTIMORE, MARYLAND, WH		4. USUAL RESIDENCE (Where		ution: residence before admission
ULL NAME OF (IF NOT IN HOSPITA	OR INSTITUTION, GIVE STREET	and.		15-13
Sinai Hogge	1	C. CITY OR TOWN		CITY LIMITS?
gina posque		E. STREET AND NUMBER	011	140
4-2		2917 gu,	Coldyn	Za.
SEX 6. RACE	MARRIED NEVER MARRIED WIDOWED DIVORCED	5/20/69	ost birthdoy)	f Under 1 Yr. If Under 24 Hrs honths Doys Hours Min.
A. USUAL OCCUPATION (Give kind of work) ine during most of working life, even if retired)	OB. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stole or foreig	gn country) 1	2. CITIZEN OF WHAT COUNTR
		Mrs.		0.5.
Donley (1)	Ti	14. MOTHER'S MAIDEN NAM	Lell	
. Was Deceased Ever in U. S. Armed Force		17. THEORMANT	recol	ADDRESS
es, no or unknown) (II yes, give wor or dotes	ol service) SECURITY NO.	Homital,	record	
18 7 7 1/1	CAUSE OF DEA	TH /		APPROXIMATE INTERVAL
underLying Condition last.	(c)			
TO THE DEATH BUT NOT RELATED TO THE	TERMINAL 1 (A).		*******	
19A. DATE OF OPERATION 19B. COND	ITION FOR WHICH OPERATION PRMED	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., home, lorm, foctory, street, etc.)	in or about 21C. WHERE DID office bldg., INJURY OCCUR?	(If In Boltimore C	ity, give exoct locotion)
21D.TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	(Hour) 21E. INJURY OCCURRED While At Not Wh Work At Work		JRY OCCUR?	
22. I certify that (1) (this hospital)	ottended the deceosed from	3/20	969 to	1969
that (1) (we) lost sow the deceased		/	of in (my) (our) oplnio	n deoth occurred on the do
ond hour and from the couses state	d obove. (I) (We) (dld) (dld not)	view the body ofter death.	los	B. DATE SIGNED
Alan Mi	Truck M. D. DEGREE Ph	ys. Director L	Staff Phys.	5/20/69
23C. PHYSICIAN'S NAME (Type) ALAN	MITNICK ME	23D. ADDRESS	ROLDERAF	MARVIAND
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	24C. NAME of CEMETERY OF C		CATION (City,	town, or county) (Stote)
5A, DATE REC'D BY MEALTH DEPT.	55 NAME OF REGISTRAR	JOHNS HO	PKINS MEI	OICAL SCHOOL
JUN 2 6 1969	Se BE FRAD NA	O 6 MORTE	IARY SERV	ICE - BCHD

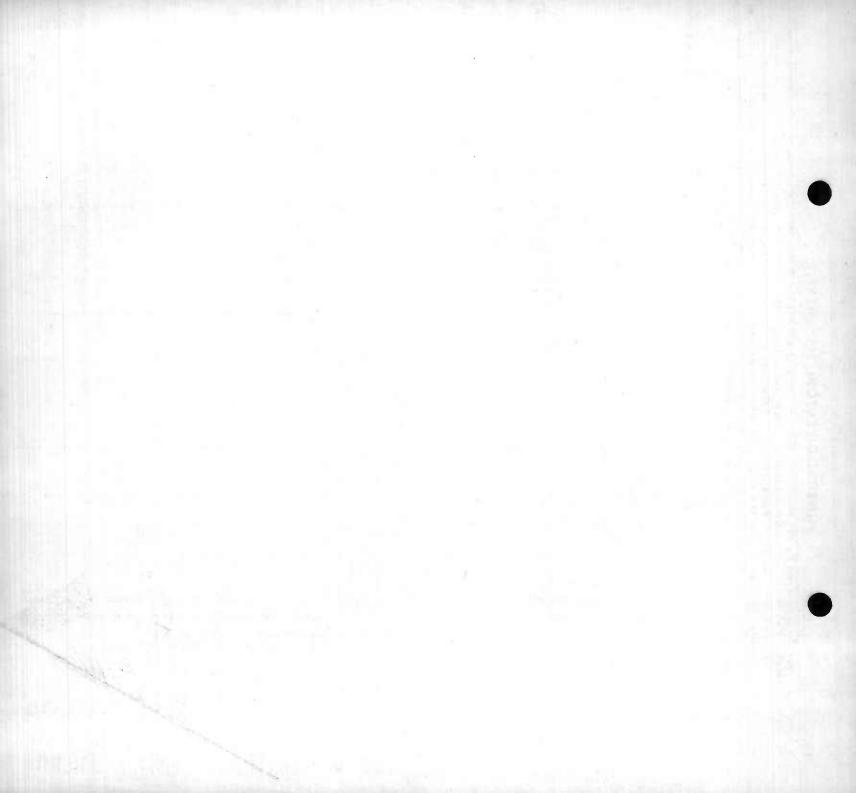


VS 1S0-REV. 1/1/6B



1		BALTIMORE CITY HEALTH DEPARTMENT 69 6425 4
	De dad	BIRTH NO. 69 0533 69 6425 CERTIFICATE OF DEATH
	death death cease on th	T. NAME OF DECEASED (Type or Print) DORSEY GIRL N.B. 2. DATE AND HOUR OF DEATH 255PM M.
	of of Dec	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived. If institution: rosidence before admission)  A. STATE  B. COUNTY
	hosp use ; (5) danc	HOSPITAL OR INSTITUTION GIVE STREET C. CITY OR TOWN D. INSIDE CITY LIMITS?
	d in cau	SINAI HOSPITAL E. STREET AND NUMBER 4412 of GONAL MUL
	tribu mine gula sed mad	5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (by years lost birthday) Nonths: Doys Hours Mig. WIDOWED DIVORCED B-6-69 I have
	or con ndeter s in re decea	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) done during most of working life, even if retired)  12. CITIZEN OF WHAT COUNTRY?  Balto Md.
_	rifd (4) u (4) u wa the ispos	13. FATHER'S NAME UN & NOWN 14. MOTHER'S MAIDEN NAME DOYOTHING TO LIVE IN
TAN	the direction of the di	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no arunknown) (If yes, give war or dates of service)  16. SOCIAL SECURITY NO.
IMPORTA	so, if of any unced tendar	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) IMMEDIATE CAUSE  CAUSE OF DEATH  (A) IMMEDIATE CAUSE  CAUSE OF DEATH  (A) IMMEDIATE CAUSE  CAUSE OF DEATH  (A) IMMEDIATE CAUSE  (B) IMMEDIATE CAUSE  (B) IMMEDIATE CAUSE  (B) IMMEDIATE CAUSE  (CAUSE OF DEATH  (
••	. Als	heort failure, asthenia, etc. It means the disease,
CTOR	miner fract fract ho pr egula	ANTECEDENT CAUSES  DISFASES OR CONDITIONS if one giving DUE TO OR AS A CONSEQUENCE OF:
DIREC	al exal exal exal exal exal exal exal ex	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the obove couse (A) stating the UNDERLYING CONDITION lost.  (C)
AL	medical medical burns; physici an was remai	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
UNER	chief gody the pysicie	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  20A. AUTOPSY? (Yes or No.)  20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
F	y the ital by e; (2) there No ph	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID (If in Baltimare City, give exact lacotion) home, form, factory, street, office bldg., etc.)  (If in Baltimare City, give exact lacotion)
	hospi nature ept w d (6) f	21D. TIME (Month) (Doy) (Yeer) (Hour) 21E, INJURY OCCURRED While At Work 21F. HOW DID INJURY OCCUR?
	he ny an	22. I certify that (1) (this haspital) attended the deceased from 3 - 6 1969 to 3 - 6 1969,
	of a	ond hour and from the couses stated above. (1) (We) (did) (did not) view the body after death.
	must be a eleased to ccident of a hospital to death) all must be	23A. SIGNATURE  Attending Med. Shoff  Blue Blue Blue Blue Blue Blue Blue Blue
	0	23C. PHYSICIAN'S NAME (Type)  OEGREE PHYS.  OEGREE PHYS.  23D. ADDRESS  NAME (Type)  PHYSICIAN'S  NAME (Type)
	A D D B	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	0 :	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR ADDRESS
	This the showns was decome write	JUNE 1969 Procest Faller M.D. 6 MURGUARY SERVICE - BCHD
		VS 150-REV, 1/1/68

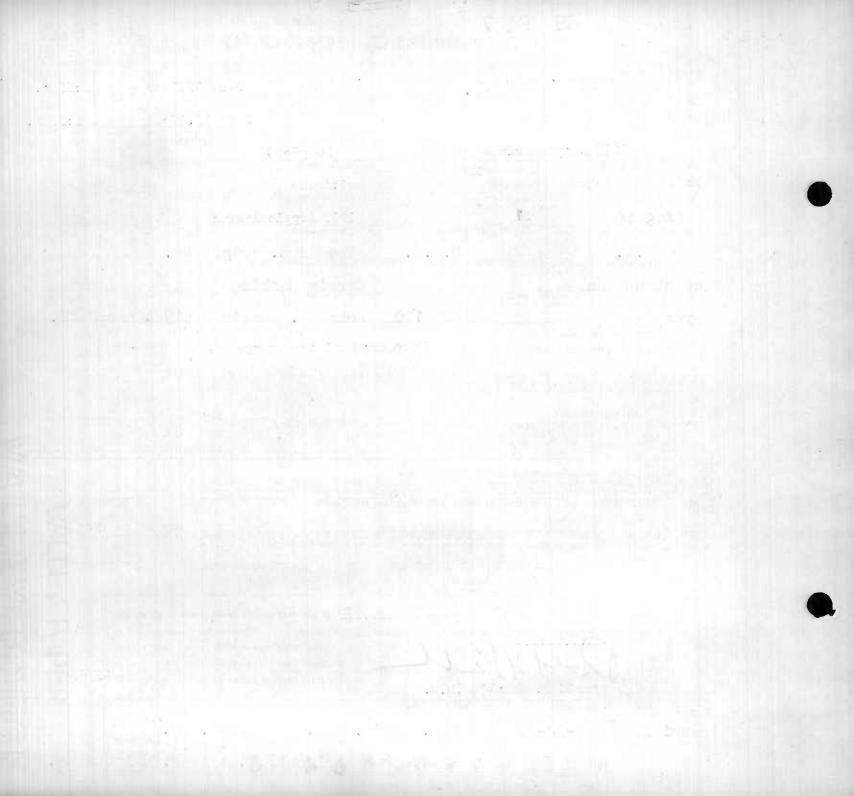




69 642'7 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH

69	6427

BIRTH NO.		74120	10/12	. EXT. (TAIL LEIK O		C/ (IE OI	DE/(I	REG. NO	-	
1. NAME OF DEC	EASED	Н			2. DATE	Knawn 🗌	Manth	Day	Yeor	Haur
(1700 07 11111)	THOM	AS TWR	IGHT	Jr.	OF DEATH	Estimoted	June	25,1969		5:55 А.м.
				RONOUNCED DEAD	3. DATE	INCED DEAD	Month	Doy	Yeor	Haur
FULL NAME OF HOSPITAL OR INSTITUTION		S OR LOCAT		TITUTION, GIVE STREET		SIDENCE (When		25,1969 ved. If Institution	: residence b	5:55 AM.
00		Argy1e				Maryland		B. COUNTY	1	7-03
6. SEX	7. RACE		B. MARR	RIED NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CI	TY LIMITS?	
Male	Negi		WIDOV		Balt:			YE	s 😾 🗆	NO
9. DATE OF BIRTI		10. AGE (In lost birthdoy	yeors 51	If Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min.		Argyle	Avenue			
11. BIRTHPLACE (S	tate ar fareign			12. CITIZEN OF WHAT COUNTRY?	13. FATHER	S NAME		EE E	100	
	C.	kind of world	AR KINIT	OF BUSINESS OF INDUSTRY	Tho	mas H.	wright	Sr.		
done during most of w			40. KIIAL	OF BUSINESS OR INDUSTRY	13. MOTHE	C 3 MAIDEN NA	WE			
CONSTRU		S ADMED	FORCE	S? 17. SOCIAL	Carr 18. INFORM	ie Rank	ing	Ar	DDRESS	
(Yes, no or unknown)				SECURITY NO.	IO. HAPOKA	ANI				
ves				216093120 CAUSE OF DEA	Notr	a W. Cu	rtis	519 5	anfor	PROXIMATE INTERVAL
440	6.71									EEN ONSET AND DEATH
	E OR CONDIT		TLY	Intrac	erebra]	hemorrh	age			
	LEADING TO of mean the n		00 00	(A)IMMEDIATE C		NENI CE OF				
heort foilure,	osthenia, etc. I	It meons the	diseose,	DUE IO, OK A	AS A CONSEQ	UENCE OF:				
injory or can	ipiicanan wiiicii	r causea aea	,							
	NTECEDENT C			(B)						
DISEASES O	ABOVE CAU	NS, IF ANY SE (A) STAT	GIVING	DUE TO, OR	AS A CONSE	QUENCE OF:				
UNDERLYIN	G CONDITIO	ON LÁST.		(C)						
2	i	ı								-
OTHER SIGN	IFICANT CON									
DISEASE OR	CONDITION	SIVEN IN PA	RT 1 (A)	a spiriture der film die die die geweiter die die der spiriture der die die der spiriture der die die spiriture spiriture der	glenge species on 400 sits op sits for me sit sit sit sit sits si		************			
OTHER SIGN TO THE DEA DISEASE OR 200A. DATE OF	OPERATION	20B. CON	NOITION	FOR WHICH OPERATION WA	AS PERFORM	ED			21. AUTO	PSY? (Yes or No)
1000										yes
22A. EXTERIUNDERLYING		RIB-		22B.PLACE OF INJURY (e.g., home, farm, factary, street, office	in ar abaut 2 e bldg., etc.)	2C. WHERE DID NJURY OCCUR?	(If in Baltimo	re City, give exa	ct lacatian)	
≥ 22D. TIME	(Month) (Do	_	) (Hou	r) 22E.INJURY OCCURRED	2	2F. HOW DID IN	IJURY OCCI	UR?		
OF INJURY (APPROX.)					WHILE ORK					
23.	ify that I he	ld on la	nquiry [	Inspection Au	topsy X	ond that on	this bosis,	deoth in my	opinlon	
result	red from: No	turol cou	ses 🗴	Accident Suicid	le 🗌 Ho	micide 🗌	Undeterml	ned monner		
	( -		101	11 ,1		CHIEF MEDICAL	EXAMINER			DATE SIGNED
SIGNATI	IRE A	wy	V	VI. MO	ASSI	STANT MEDICAL	EXAMINER	X		
EXAMIN	ER'S V	-11 37	**	11 21	ASSC	CIATE MEDICAL	EXAMINER		6/2.	5/69
NAME (T			Kor	nblum, M.D.						
24A. BURIAL CREA REMOVAL (Special		B. DATE		24C. NAME of CEMETERY	or CREMATO	DRY 24D	LOCATION	(City, tawr	, or county)	) (State)
Burial		6-30-	69	Balto. Nat	17. Ce	m.	Balto	. Nd.		
2SA. DATE REC'D	BY HEALTH D	EPT.	2SB. N	IAME OF REGISTRAR	2SC. I	UNERAL DIRECT	OR V.	Bailev ^A	DDRESS	
	JUN	26 19	69 0	wied En Jarber M	400	lson F		48 N.		un St.



69 6428 BALTIMORE CITY HEALTH DEPARTMENT

69 6428

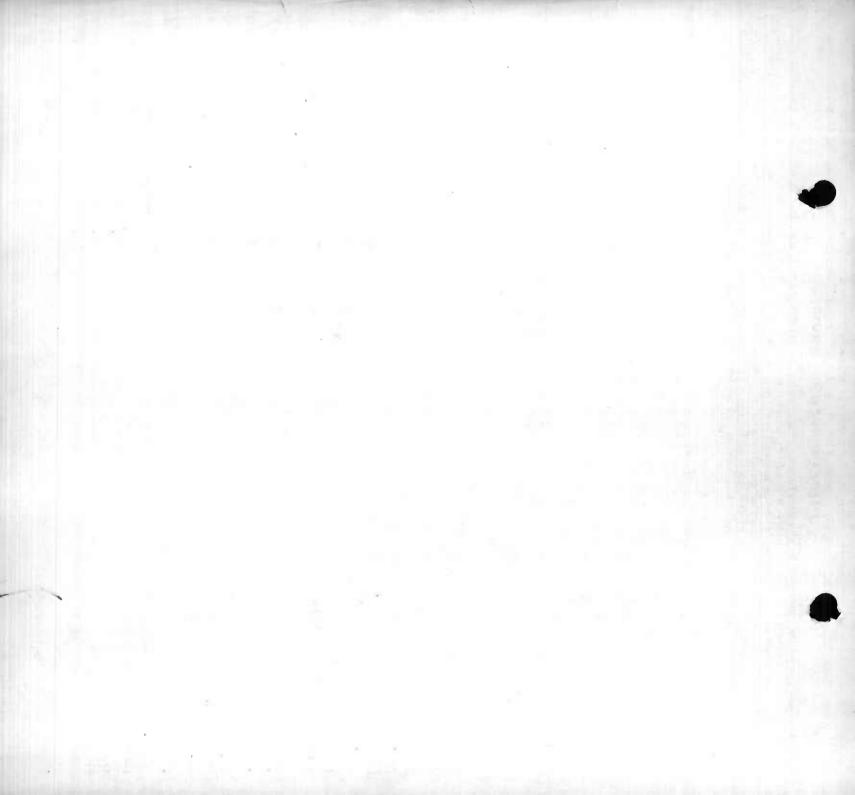
BIRTH NO.	WED	DICAL E	XAMINER'S	CERTIF	ICATE OF	DEAT	H REG. N	10		
1. NAME OF DEC		W. BR	ESCOE	2. DATE OF DEATH	Knawn X Estimated	Month June	24, 1		Year	Hour
	LTIMORE, MARYLAND, 1			3. DATE	DUNICED DEAD	Month	Doy		Year	Hour
FULL NAME OF HOSPITAL	(IF NOT IN HOSPIT		ION, GIVE STREET	PRONG	DUNCED DEAD	June	24, 1	969		5:45 A.
OR INSTITUTION			(70.1)	5. USUAL A. STATE	RESIDENCE (Where	e deceased li	ved. If institu		dence b	efare admission)
	Lutheran	Hospital	L (DOA)	A. SIAIL	Maryland		B. COUNT		16	-06
6. SEX	7. RACE	B. MARRIED	NEVER MARRIED	C. CITY C			D. INSIDI	E CITY LI	MITS?	
Male	Negro	WIDOWED	DIVORCED		Baltimor	е		YES K		по 🗌
9. DATE OF BIRT	H 10. AGE (I	n yeors If L	Inder 1 Yr. If Under 24 h		AND NUMBER					
1-24-0					2818 Wes	t Mosh	er Str	eet		
11. BIRTHPLACE	State or foreign country)		CITIZEN OF	13. FATHE	R'S NAME					
Md.			WHAT COUNTRY?	Joh	n Brisco	е				
14A.USUAL OCCL	JPATION (Give kind af wark working life, even if retired)	148. KIND OF	BUSINESS OR INDU	TRY 15. MOTH	ER'S MAIDEN NA	ME		177		Con all
reti	red				nah Jeff	erson				
16. WAS DECEAS	ED EVER IN U.S. ARME	of service)	17. SOCIAL SECURITY NO.	18. INFO	TAAM			ADDRE	SS	
no			216129071	Viol	a Brisco	е	281	8 W.		osher St
19.	2,44		CAUSE OF E	EATH						PROXIMATE INTERVAL EEN ONSET AND DEA
DISEAS	E OR CONDITION DIRE	CTLY	Arterio	sclerot	ic cardiov	ascula	r dise	ase		
171.	LEADING TO DEATH		(A)IMMEDIA							
heart failure	nat meon the mode of d e, asthenia, etc. It means th	e diseose,	DUE TO,	OR AS A CONSE	QUENCE OF:					
injury or con	mplication which coused de	oth.)								
DISEASES RISE TO TH	NTECEDENT CAUSES OR CONDITIONS, IF AN E ABOVE CAUSE (A) STA		(8)	OR AS A CONS	EQUENCE OF:					***************************************
Z	NG CONDITION LAST.		(C)							r through marriedness the size 400 Alfr also now now, dow 400 also now now dow the size 400
OTHER SIGN	11									
DISEASE OF	NIFICANT CONDITIONS C ATH BUT NOT RELATED TO R CONDITION GIVEN IN F	THE TERMINA								returnation attenution also also also also also asso asso after also also also also also also also also
20A. DATE O	F OPERATION 208. CO	NDITION FOR	WHICH OPERATION	WAS PERFOR	MED			21.	AUTO	PSY? (Yes or No)
										No
UNDERLYING	RNAL CAUSE WAS G OR CONTRIB- AUSE OF DEATH.	22B. ham	PLACE OF INJURY (e.e., farm, factory, street,	.g., in or abaut office bldg., etc.)	22C. WHERE DID INJURY OCCUR?	(If in Baltima	re City, give	exact lac	ation)	
≥ 22D. TIME	(Month) (Doy) (Yeo	r) (Hour)	22E.INJURY OCCURR	D	22F. HOW DID IN	JURY OCC	UR?			
OF INJURY (APPROX.)				NOT WHILE	BTP # [					
23.										
		nquiry	Inspection	Autopsy	ond that an t	his basis,	deoth in	my opin	lon	
resul	ted from: Notural car	ses X	Accident Su	icide 🗌 📗	domicide 🔲	Undetermi	ned monne	er 🗌		
	1	011	1, -	7	CHIEF MEDICAL	EXAMINER				DATE SIGNED
SIGNAT		30 40	I IN	M.D. AS:	SISTANT MEDICAL	EXAMINER	X			DATE STOTLED
EXAMIN NAME (	IER'S Charles	S. Spr	ingate, M.D.	ASS	OCIATE MEDICAL I	EXAMINER		Jun	e 24	4, 1969
24A. BURIAL CRE		2	4C. NAME of CEMETE	RY or CREMA	ORY 24D.	LOCATION	(City,	tawn, ar	county)	(State)
Burial	6-28	3-69	Carver Me			Laur		Mary		nd
25A. DATE REC'D	BY HEALTH DEPT.		E OF REGISTRAR	L	I SON F. J			LADYRI		un St.
	JUN 26 1969	11 vivigent	BIE. FABER, M	70,00	Toon	7. '.	740 11	. 00	~ 1 1	our oo.

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a hospital and

	BALTIMORE CITY	HEALTH DEPARTMENT		
	6429 CERTIFICA	TE OF DEATH	REG. NO	69 6429
AME OF DECEASED			AND HOUR OF DEAT	
Willian William	n A. Jones			M
PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If	institution: residence before odmission)
LL NAME OF (IF NOT IN HOSPITA	AL OR INSTITUTION, GIVE STREET	Md.		20-02
TITUTION ADDRESS OF FOCA	A IION)	C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
31 N C				YES NO NO
) JI W. Gorman	n Avenue	- 1 37 0	NON A	
EX 6. RACE	7. MARRIED THEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
ale Negroid	WIDOWED DIVORCED	1-12-05	lost birthday)	Months Doys Hours Min.
USUAL OCCUPATION (Give kind of work	108. KIND OF BUSINESS OR INDUSTRY		reign country)	12. CITIZEN OF WHAT COUNTRY
				U.S.A.
FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
		17. INFORMANT		ADDRESS
	es of service) SECURITY NO.			
	CAUSE OF DEAT		es wife	APPROXIMATE INTERVAL
410,1		1	60.	BETWEEN ONSET AND DEATH
LEADING TO DEATH		ISE ATTRAVIS	Occhisim	Several dux
	dying, e.g., DUF TO OR AS		U UW W	
		2-1	1/ 00	. 51 1
ANTECEDENT CAUSES		incharted X	Fact Alls	exu antenner
DISEASES OR CONDITIONS, if		A CONSEQUENCE OF:	0	7. /
	stating the	Darlant	25	ankaoun
Ц	( U/a-J _{a-J} a-a-Ta-a-briber)			
DISEASE OR CONDITION GIVEN IN PAR	RT 1 (A).			
19A. DATE OF OPERATION 198. CON	IDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 208. IF YES, WERI	FINDINGS CONSIDERED AUSES OF DEATH?
0		I JOIC WILLIAM DID	0/ - 0 10	
OR CONTRIBUTING CAUSE OF	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	(It in Baltim	are City, give exoct location)
	(Hour) 21 E. INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
(APPROX.)	While At Not While Work At Work	e 🔲		
22 Leartify that (1) (this hasnital		706- 10-	1969 10 6	2/2 1969
		19 69 and		
	/			
	red obove. (1) (we) (did) (did hdi) (	new the body differ deoir	10	23B. DATE SIGNED
1 11km d 11			Staff	6/21/69
23C. PHYSICIAN'S	DEGREE Phy		Phys. 🗀	10/1/0/
MAME (Type)	16.15	1602111 7	11,111	F. S.M. MA
BUBIAL CREMATION 1248 DATE	DEGREE.	100 100-11	LOCATION	of all min
OURIAL CREWINITUR, 240. DATE				City town or country (State)
REMOVAL (Specify)	24C. NAME OF CEMETERY OF CR		_ /	City, town, or county) (State)
Burial 6-25-6		I	aurel	Md.
	25B. NAME OF REGISTRAR	1 25C FUNE AL DIRECT	aurel .	Md.
	TH NO.  IAME OF DECEASED  PLACE IN BALTIMORE, MARYLAND, W  LL NAME OF STITUTION  31 N. GOTMAN  STITUTION  31 N. GOTMAN  ADDRESS OR LOC.  STITUTION  ADDRESS OR LOC.  STITUTION  BEX  BOST ACCUPATION (Give kind of work in elired)  PCTIPED  FATHER'S NAME  Was Deceased Ever in U. S. Armed Forman  FATHER'S NAME  Was Deceased Ever in U. S. Armed Forman  IN CONTRIBUTION DIVERTION DIVERTION  ANTECEDENT CAUSES  DISEASE OR CONDITION DIVERTION  ANTECEDENT CAUSES  DISEASES OR CONDITION (GIVEN IN PAIR  IN CONTRIBUTING CONDITION GIVEN IN PAIR  IN CONTRIBUTING CAUSE OF DEATH (notify medical examinet)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)  21D. TIME (Month) IDOY) (Year)  OF INJURY (APPROX.)  22. I certify that (I) (this haspital that (I) (we) last sow the decease and hour and from the causes stall and that (I) (we) last sow the decease and hour and from the causes stall and that (I) (we) last sow the decease and hour and from the causes stall and that (I) (we) last sow the decease and hour and from the causes stall and that (I) (We) last sow the decease and hour and from the causes stall and that (I) (We) last sow the decease and hour and from the causes stall and the cause of the c	THINO.  IAME OF DECEASED  See or Print)  William A. Jones  PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD  ILL NAME OF SEPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  31 N. GORMAN AVENUE  SEX 6. RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED TEST OR COUNTY OF BUSINESS OR INDUSTRY OF CHIPPED STREET OF CAUSES  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. II means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION IOSL.  OHER SIGNIFICANI CONDITIONS CONTRIBUTING TO THE DEATH HOST MENT I (A).  OHER CONDITION IOSL.  OHER CONDITION INFO IN THE TERMINAL DISEASE OR CONDITION IOSEN IN PART I (A).  19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CONDITION CONTRIBUTING OR CONTRIBUTION AND TO THE TERMINAL DISEASE OR CONDITION INFO IN THE TERMINAL DISEASE OR CONDITION INFO INFO INFO INFO INFO INFO INFO I	THINO.  TABLE OF DECEASED  THE OF PART OF DECEASED  THE OF PART OF THE OFFICE OF PART OF THE OFFICE OF PART OF THE OFFICE OF THE OFFI OFFI OFFI OFFI OFFI OFFI OFFI OFF	THINO  INDO  SAME OF DECASED  WILLIAM A. JONES  A. JONES  A. LUSUAL RESIDENCE (Where decessed lived. If B. COUNTY  B. COU

JUN 26 1969



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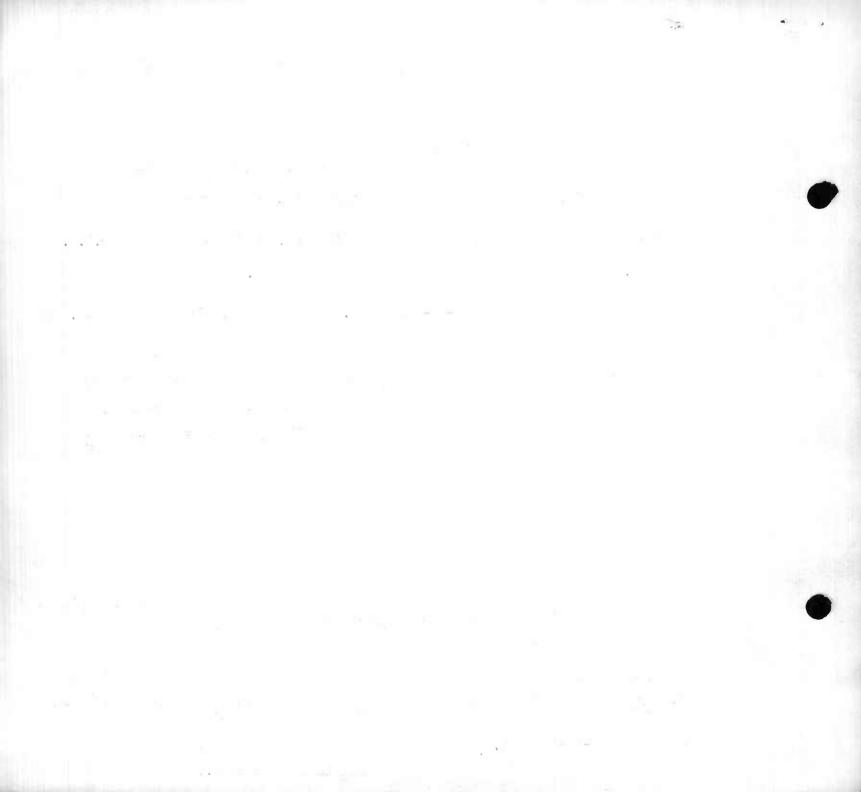
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VS 151-REV, 1/1/68

8/25/69 - Copy of 1968 Federal Income Tax Returns. Approved by Mr. S. Norton, Director.
S. S. #212-30-7059. Jacob & Dora Zaba.

Billian Section

	C-52/ CO 64326	ALTIMORE CITY	HEALTH DEPARTMENT	6	69 6432
	18TH NO. 69 64320	ERTIFICA	TE OF DEATH	REG. NO.	0406
17.	NAME OF DECEASED			AND HOUR OF DEATH	
	ype or Print Ginsberg Benja	imin		100 -00 - 00000000	9 1 /7
Ш	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED	DEAD	4. USUAL RESIDENCE (W	here deceased lived. If ins	Sillution residence before admission
H	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, OF ADDRESS OR LOCATION)	GVE STREET	C. CITY OR TOWN	D. (NS(I	DE CITY LIMITS?
∦.	Sinai Hospital of Ba	1+	Baltimor E. STREET AND NUMBER	e	YES NO NO
			3514	Labyrin	th. Rd.
5.	SEX 6. RACE 7. MARRIED WEV	R MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
	MALE WIDOWED	DIVORCED [	MXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	72 XXXX	
do	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINE ne during most of working life, even if retired)	SS OR INDUSTRY	11. BIETHPLACE (Stole or fo	preign countryl	12. CITIZEN OF WHAT COUNTRY?
12	MERCHANT RETAIL		BALTIMORE, M	ARYLAND	U.S.A.
113			14. MOTHER'S MAIDEN N	AME	
	SAMUEL I. GINSBERG			L. ?	
(Y	Was Deceased Ever in U. S. Armed Forces?  16. SOC SEC	IAL URITY NO.	17. INFORMANT		ADDRESS
	NO 218-		MRS. ROSE GINS	BERG. 3514 LA	BYRINTH RD. #15
		USE OF DEATH			APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		/ 1:		4
	I linis does not mean the mode of dving, e.g.,	DUE TO, OR AS A	CONSEQUENCE OF:	e arrest	
	heori failure, asthenia, etc. Il means the disease, injury ar camplication which caused death.)		ble: mal	abzoration	States
	ANTECEDENT CAUSES		100	rione D	
	DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		***************************************
	rise to the above cause (A) stating the UNDERLYING CONDITION last.		Oca	It mas	eguanay
	ll ll				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
U	DISEASE OR CONDITION GIVEN IN PART 1 (A).	PERATION	20A. AUTOPSY? (Yes or h	Val 200 Is yes were st	NOW CONCIDENCE
CERTIF	WAS PERFORMED			IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
CAL		octory, street, offi	or about 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If to Baltimore	City, give exoct (ocation)
MEDIC	21D.TIME (Month) (Day) (Year) (Hour) 21E, INJURY OF INJURY	OCCURRED	21F. HOW DID IN	JURY OCCUR?	
2	(APPROXI	Not While At Work			
	22. I certify that (1) (this hospital) ottended the decea		116/69	19 to /2 :	55 MM 6 83/969
	that (1) (we) last saw the deceased alive on 215	-	3/1967 ond t	hat In my (aur) opini	an death occurred on the date
	and haur and from the causes stated above. (1) (We)	lid) (did not) vi	w the body ofter death.		
	23A. SIGNATURE	Attend	ding Med.		23B. DATE SIGNED
	23G-PHYSICIANS)	DEGREE Phys.	Director L	Staff Phys.	6/23/89
	HAME (Type)	2	D. ADDRESS	-/	1-10 11
24/	As BURIAL CREMATION, 24B. DATE 24C. NAME of C REMOVAL (Specify)	EMETERY OF CREA	MATORY 24D.	LOCATION (City,	town, or countyl (State)
	BURIAL 6-24-69 BETH TFI	LOH	BA	LITIMORE, MARY	
25/	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGIST	RAR	10.00		
V.	150-REV. 1/1/68 1969 100 8 2 301	Ben M.D.	BOR TENTINEON	5 BKUS., 6010	REISTERSTOWN ROAD



IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

NO

Hours

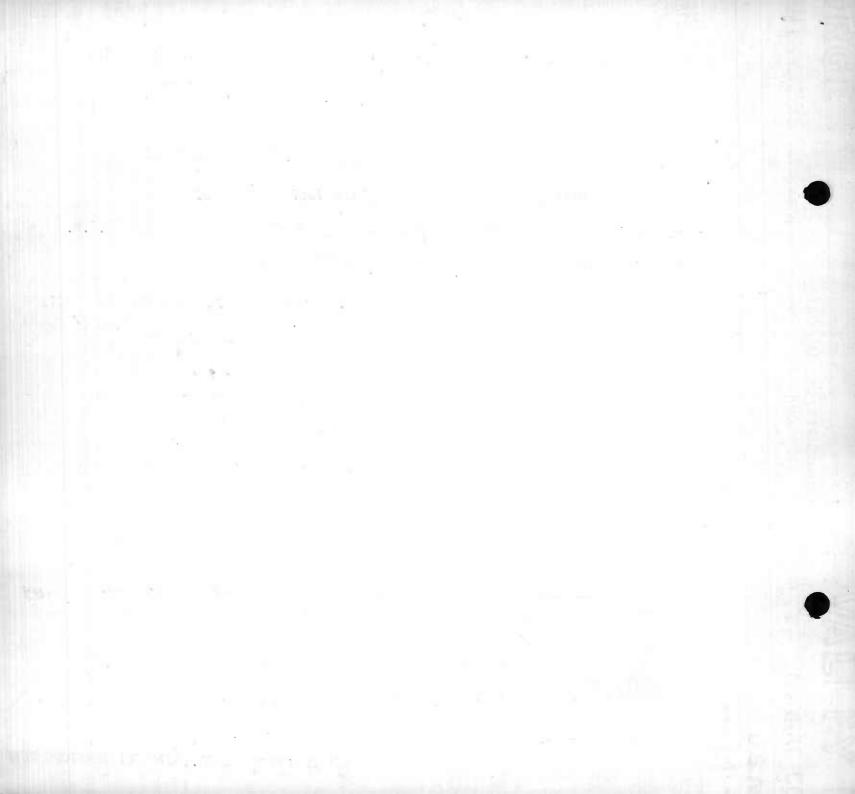
APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

U.S.A.

ADDRESS

If Under 24 Hrs.



RI	H-230 69	L /8 - 1 /8	TE OF DEATH REG. NO	69 6434
1,	NAME OF DECEASED	,	2. DATE AND HOUR OF DEAT	н
3.	PLACE IN BALTIMORE, MARYLAND, WHERE P	T LEOI	J. 6/22 4 USUAL RESIDENCE (Where deceased lived, If	2/P M.
FL	JLL NAME OF (IF NOT IN HOSPITAL OR OSPITAL OR ADDRESS OR LOCATION)		Md. Balt.	15-13  VSIDE CITY LIMITS?
46	Sinai Hosp. K	Balt.	E. STREET AND NUMBER 2853 W. COLO	VES P NO D
MA	WHITE WIDO	RIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Ye If Under 24 Hrs. Months Doys Hours Min.
do	A. USUAL OCCUPATION (Give kind of work 10 R. KIN to during most of working life, even it refired)  SALESMAN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of toleign country)  Ba/FIMORE, MD.	12 CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	MCAT	14. MOTHER'S MAIDEN NAME	USA
	BERNARD HECHT		LENA ?	
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dotes of ser	rice) 1 6. SOCIAL	17. INFORMANT	ADDRESS
		213-05-4627	MRS. ROSE TRAGER. RD. #1.	WOODBINE, MD. 21797
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	1This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis injury or complication which caused death.)	e.g., DUE TO, OR AS A	CONSEQUENCE OF:	soen 1 20 naws
	ANTECEDENT CAUSES	(8)		
	DISEASES OR CONDITIONS, if any, g rise to the above cause (A) stoling UNDERLYING CONDITION lost.	the (C)	A CONSEQUENCE OF:	***************************************
Q	OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).	ING Chrone	renal failure; sears	geois
CERTIFIC	19A-DATE OF OPERATION 19B. CONDITION I	FOR WHICH OPERATION	20A-AUTOPSY? (Yes or No.) 20B IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
CAL	21A- ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol examines)	21B PLACE OF INJURY (e.g., in home, form, factory, street, officeld)	or about 27 C. WHERE DID (If In Bolitma	ore City, give exact location)
MEDI	21D. TIME (Month) (Doy) (Yeod (Houd) OF INJURY IAPPROX.)	21E INJURY OCCURRED While At Work Not While Work	21f. HOW DID INJURY OCCUR?	
8 1	22. I certify that (1) (this hospital) attend	• /	5/17 19 69 10	6/22 1969
1 1	that (1) (we) last saw the deceased office		19 07 and that In(my) (our) ap	inlan death occurred an the date
	and haur and from the causes stated above 23A. SIGNATURE	O. M. Atten	ew the bady after death.	23B, DATE SIGNED 6/2-69
	23C. PAYSICIAN'S NAME (Typel PAUL D.	OE ORCE)	BD. ADDRESS (uai //o.	se belt.
24A	BURIAL CREMATION, 24B DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY OF CREA	MATORY 24D. LOCATION IC	City, town, or countyl (State)
25.4		SHAAREI ZION	ROSEDALE, MARY	LAND
		ME OF REGISTRAR M.D.	SOU LEVINSON & BROS., 601	O REISTERSTOWN ROAD

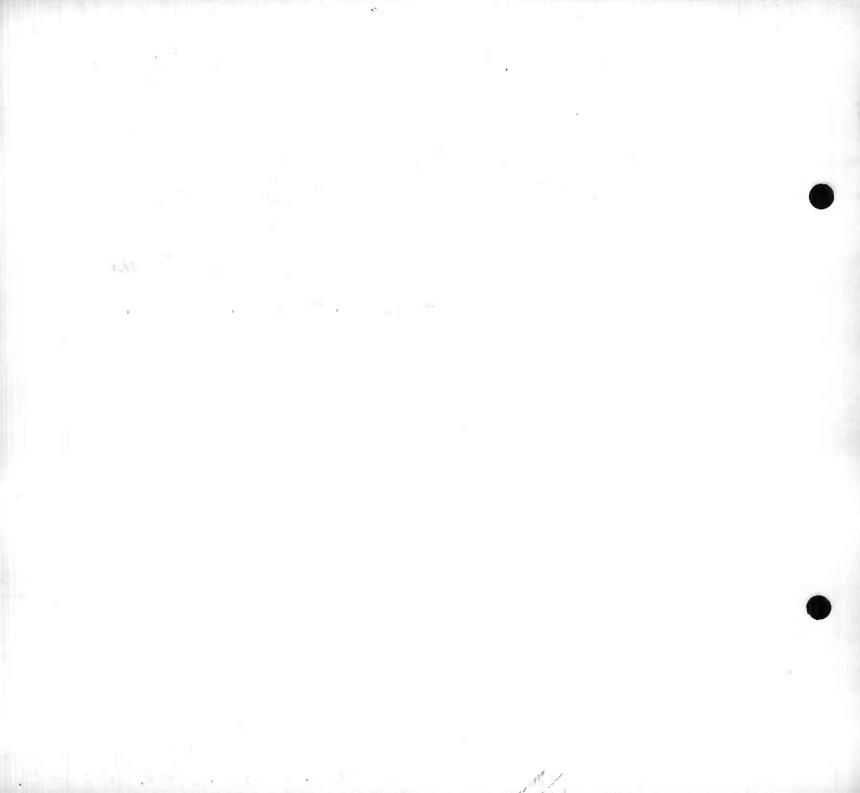


69 6435 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO	00 0400
I. NAME OF DECEASED	2. DATE Known M Month Day	V lu
(Type or Print)  LOUISE MARIE JENSEN	2. DATE Known Month Day OF Estimated	Year Haur
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	3. DATE Month Doy PRONOUNCED DEAD	Yeor Hour
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	June 21 5. USUAL RESIDENCE (Where deceased lived. If Institution:	69 2:20 p.M.
00 1638 N. Calvert St.	A. STATE B. COUNTY Maryland	12-05
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CIT	Y LIMITS?
Female White WIDOWED DIVORCED		NO 🗆
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. In the lost birthdoy) 11/4/80 88 If Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min.	E. STREET AND NUMBER  1638 N. Calvert St.	
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
Wittenberg, Germany WHAT COUNTRY?  14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	Wilhelm Karcher	
done during most of working life, even if refired)		
Housewife  16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL		DRESS
(Yes, no ar unknown) (If yes, give wor ar dotes of service)  SECURITY NO.	Mr. William O. Jensen 2801	N. Howard St
19. 4 / 2, 4 I		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	clerotic cardiovascular diseas	e
LEADING TO DEATH (This does not mean the mode of dying, e.g.,  DUE TO, OR	CAUSE AS A CONSEQUENCE OF:	
heart failure, asthenia, etc. it means the disease, injury ar complication which coused death.)	AV A GOTTOLEGICATION OF THE CONTROL	
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.		
O II	NAME OF BUILDINGS	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)
Ö		No
UNDERLYING OR CONTRIB-	, in or obout 22C. WHERE DID (If in Baltimore City, give exocee bldg., etc.) INJURY OCCUR?	
22D. TIME (Month) (Doy) (Year) (Haur) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
	T WHILE	
I certify that I held an Inquiry Inspection XX Au	otapsy and that an this basis, death in my c	
	de Hamicide Undetermined manner	
resulted from: Natural couses 423 Accident	CHIEF MEDICAL EXAMINER	
SIGNATURE UNUM THE	ASSISTANT MEDICAL EXAMINER XX	DATE SIGNED
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	
NAME (Type)  Werner N. Spitz, M.D.  24A. BURIAL CREMATION,   24B. DATE   24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town,	ne 22, 1969 or county) (Stote)
REMOVAL (Specify)		1
Burial 5/25/69 Mareland 11/25A. DATE REC'DITYHER LINE 25A. DATE REC'DITYHER LINE 25A. NAME OF RECISIKAR CIT.	wright Park Baltimore, Mary	DRESS
JUNZO 1969 www E. Jaber M.D.	John A. Monan Inc. 3000	E. Baltimore S
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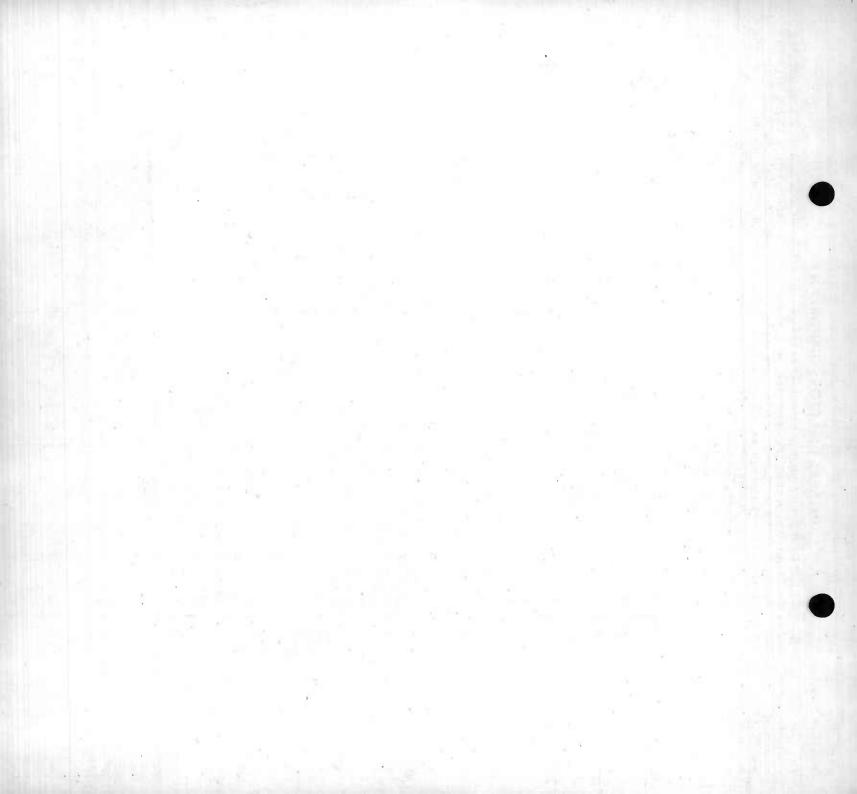
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FUNERAL DIRECTOR: IMPORTANT

69	6437

BALTIMORE CITY HEALTH DEPARTMENT

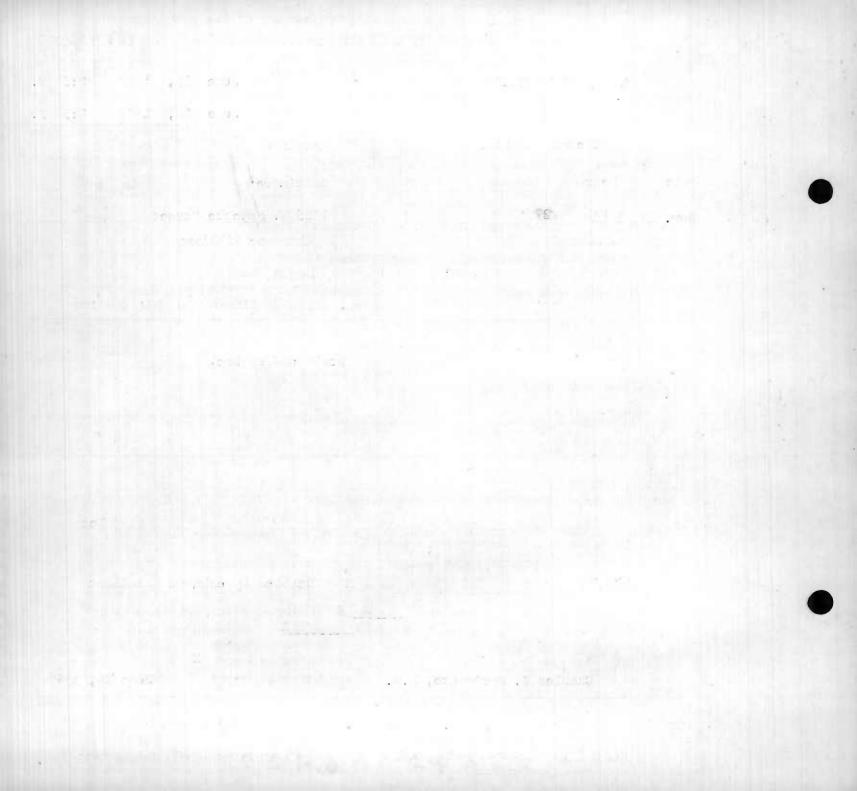
I, NAME OF DECEASED (Type or Print)	CERTIFICA		2. DATE AND HOUR		450		
Margaret Ax. Eli		Ju	24,	1969 229			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PI	ONOUNCED DEAD	4. USUAL RESID	B. COUNTY	ed lived. II in	stitution: residence beloze admissio		
FULL NAME OF (IF NOT IN HOSPITAL OR I ADDRESS OR LOCATION)	OSPITAL OR ADDRESS OR LOCATION)		nd	D. INSI	DE CITY LIMITS?		
90			ore NUMBER		YES X NO		
1105 E. Fayette	Street	510 E.	43rd Str	eet			
SEX 6. RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTI	9. AGE (I		If Under 1 Yr. If Under 24 Ho Months Doys Hours Min.		
T III	WED DIVORCED	4-10-18	84 8	35			
DA. USUAL OCCUPATION (Give kind of work 108, KIN	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign country	1)	12. CITIZEN OF WHAT COUNT		
		Bala	imore, "ar	yland	USA		
3. FATHER'S NAME		14. MOTHER'S N	AIDEN NAME				
Herman Elmendorf		1/	argaret Al	bert			
. Was Deceased Ever in U. S. Armed Forces? es,no,grunknown) (It yes, give war or dates of ser	1 6. SOCIAL	17. INFORMANT			ADDRESS		
es, no drunknown! (II yes, give wor or doles of ser		107	(lautice	Z 0 7 : E 31	Ohamia - Ol		
18. /// 5 9	212 34 9'/00 CAUSE OF DEAT		izabeth	3215 N	Charles St.,		
DISEASE OR CONDITION DIRECTLY			0		BETWEEN ONSET AND DEA		
LEADING TO DEATH		ann	unan Gent	Calun	2/11		
	(This does not meon the mode of dying, e.g.,  (A)IMMEDIATE CAUSE  OVERWAY  (A)IMMEDIATE CAUSE  OVERWAY  (A)IMMEDIATE CAUSE  OVERWAY  (A)IMMEDIATE CAUSE  OVERWAY  (A)IMMEDIATE CAUSE  (B)  (B)  (C)  (C)  (C)  (C)  (C)  (C)						
heart failure, asthenia, etc. It means the dis	eose,			4			
ANTECEDENT CAUSES							
	(8)	M CONSEQUENCE	1 4x 5 M	100	44.		
DISEASES OR CONDITIONS, if ony, grise to the obove couse (A) stoting	9	A CONSEQUENCE	OF:		the ten the		
UNDERLYING CONDITION lost.	(C)						
11							
OTHER SIGNIFICANT CONDITIONS CONTRIBUT							
DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************	120.4	0/V N-V 000 :-	Vec Marco	Thinking COALCOTTO		
19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED		ZUA. AUTOPSY			FINDINGS CONSIDERED USES OF DEATH?		
	218 PLACE OF INCLES	in or about 21 C M/L	Me DID	If in Reliance	a City also quest la sella l		
O 21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (notity medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)			it in Bollimore	e City, give exoct locotion)		
21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21 <b>F. HO</b>	W DID INJURY OCC	UR?			
(APPROX.)	White At Not Whi						
22 1 27 1 47 1 47 1		BAL	69	. A 1	1 1 /- 61		
22. I certify that (I) (this hospital) attended the deceased from 704 1907 to 24 from 1907							
that (I) (we) last saw the deceased alive	an LT WM	19_0_/	and that in (my	) ( <del>our)</del> apir	nian death accurred an the d		
and haur and from the causes stated aba	ve. (1) (#e) (did) ( <del>did no</del> t)	view the bady of	ter death.				
23A. SIGNATURE	44.7				23B. DATE SIGNED		
Yar oslav shella	M. W. DEGREE Phy	ending Me	d. Stoff Phys.				
23C. PHYSICIAN'S	DEGREE	23D. ADDRESS					
Jaroslav Hull	8 11 7	7510) D	. 27 4				
	4C. NAME of CEMETERY OF CR	EMATORY DI	24D, LOCATION	(Ci	ly, lown, or county) (State)		
REMOVAL (Specily)			Q-11.		, ,		
Burial 6/27/160	Holy Redeemen	Cemetery	Baltimon	e, an	yland		
SA. DATE REC'D BY HEALTH DEPT. // 2567 NA	ME OF REGISTRAR	25C, FUNERAL	- DIRECTOR		ADDRESS		
MIN 2 6 1969 VI	but E. Jaiber, M.D.	form A	Alonan, Inc	c. 3000	O E. Baltimore S		
(C 150 DCV 1/1/(D )							



W-45

59 6438 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICAT	TE OF DEATH REG. NO. 69 6438				
BIRTH NO.					
(Type ow-Print) ( DADDY) TITT T TANG	where $\square$ Month Doy Year Hour 2:50 $P_{\bullet_{M.}}$				
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE	Month Doy Year Hour				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)  PRONOUNCED  ADDRESS OR LOCATION)  STISTIAL DESIDENT	June 23, 1969 2:50 P. M.  CE (Where deceased lived. If institution: residence before admission)				
A STATE	7land  B. COUNTY  20 - 0				
6. SEX 7. RACE B. MARRIED NEVER MARRIED C. CITY OR TOWN	D. INSIDE CITY LIMITS?				
Male Negro widowed□ divorced□ Balt	cimore YES X NO				
9. DATE OF BIRTH 10. AGE (In years lost birthdov) If Under 1 Yr. If Under 24 Hrs. E. STREET AND NI Months, Doys, Haurs, Min. 1935	W. Fayette Street				
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAM					
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAI done during most of working life, even if retired)  Hospital  Do:	nden name oris Howard				
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. INFORMANT	ADDRESS				
(Yes, na arunknown) (If yes, give war ar dotes of service)  SECURITY NO.  Mrs. Dori:	s Williams-2309 Whittier Ave				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (A) IMMEDIATE CAUSE Stabwound of back  DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION WAS PERFORMED					
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes ar Na)				
22A. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB.  22B. PLACE OF INJURY (e.g., in or obout) 22C. WH home, form, foctory, street, office bldg., etc.) INJURY	HERE DID (If in Baltimare City, give exact location)				
☐ UTING ☐ CAUSE OF DEATH.	0000				
OF INJURY 6/23/69 2 WHILE AT NOT WHILE TO SE	abbed by unknown assailant				
23.	abbed by unknown assarrant				
ACTUAL SIGNATURE  ACTUAL SIGNATURE  ACTUAL  AC	that an this basis, deoth In my opinion   NEDICAL EXAMINER  MEDICAL EXAMINER  MEDICAL EXAMINER  MEDICAL EXAMINER  MEDICAL EXAMINER  June 24, 1969				
NAME (Type)  24A. BURIAL CREMATION, REMOVAL (Specify)  Burial  27 June 69  Mt. Auburn Cem.	24D. LOCATION (City, town, or county) (State)  Baltimore, Maryland				
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERA	AL DIRECTOR ADDRESS				
JUN 2 6 1969 July E. Jacker, K. J. Gibson, VS 151-REV. 1/1/68	Rheral Home-1631 Druid Hill Ave.				



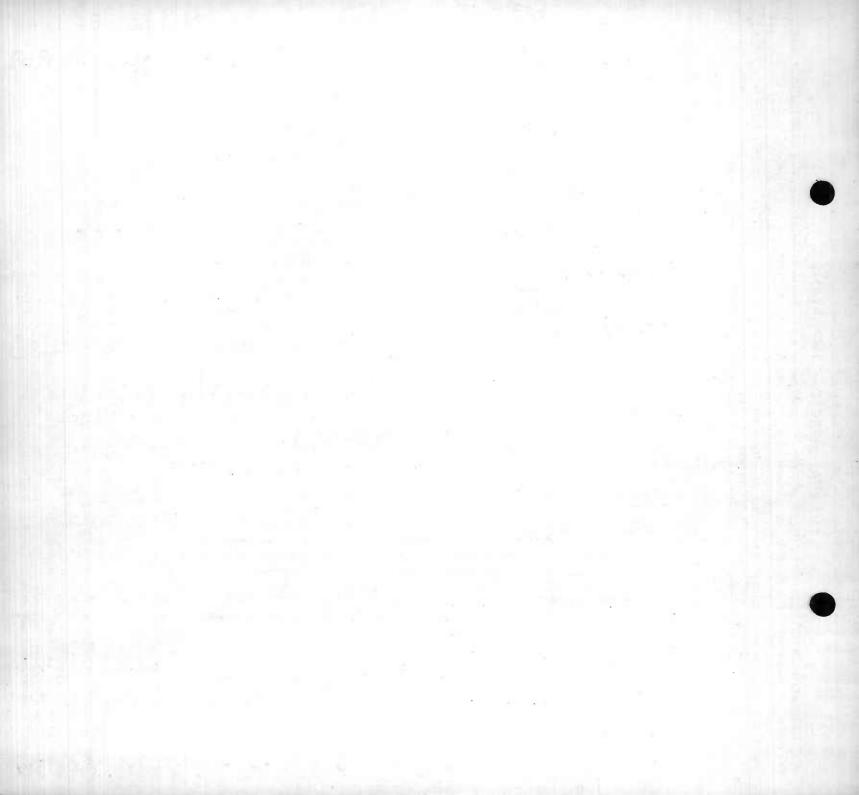
BIRTH NO. 69 6439 CERTIFICA	ATE OF DEATH REG. NO. 69 6439
1. NAME OF DECEASED	2, DATE AND HOUR OF DEATH
(Type or Print) HALSEV H. BEVAN	JUNE 25, 1969 3:00 AM M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
South BALTIMORE GENERAL HOSPHAL BOOL S. HANDUER ST.	BALTO. MD. 21227 YES NO DE
BALTIMURE, KINRYLAND 21225	2927 SELAWARE AVE.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yours If Under 1 Yr., If Under 24 Hrs., Manihs, Doys, Hours; Min.
MALE CAUC. WIDOWED DIVORCED	1-3-1870   78
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
CARDENTER Building INd.	O410 a.s.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	N.E. WOIFE
15. Was Decoased Ever is U. S. Armed Forces?  (Yos, no or unknown! Ulf yes, give war or dotes of service)  1 6. SOCIAL  SECURITY NO.	17. INFORMANT ADDRESS
234-30-6801-	A DORIS COOK 2927 DELAWARE AVE.
18. 12. 4 L / 85 X CAUSE OF DEA	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Shack
(This does not mean the mode of dying, e.g., (A) IMMEDIATE CA	USE A CONSEQUENCE OF:
heart failure, asthenio, etc. It means the disease, injury or complication which caused death.)	) / // 1
ANTECEDENT CAUSES	robyth auc
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR A	S A CONSEQUENCE OF:
rise la line above couse (A) stating the UNDERLYING CONDITION last. (C)	4 Sev D
z 11 M.f. 1	b 1 1 1 to
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19A-DATE OF OPERATION WAS PERFORMED  21A-ACCIDENT WAS UNDERLYING 121A PLACE OF INTERVIOLE	the prostatic ca
DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OP OPERATION 19R. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	IN CERTIFFING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	in or about 21G. WHERE DID  affice bldg., INJURY OCCUR?  (If In Boltimore City, give exact location)
DEATH (natify medical examiner)  21D-TIME (Manth) (Doyl (Year) (Hour)  21E INJURY OCCURRED  While At The New	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Not Whi	
	723 1969 to 6/4 19 69
that (i) (we) last saw the deceased alive on 6/25	19 6 7 and that In(my) (our) opinion death occurred on the date
and hour and from the causes stated above. (1) (We) (did) (did not)	
23A SIGNATURE AL MACINI AL	ending Med. Stoff D
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
A, N, 74 VRIOTS DEGREE	2.18 ACIO GEN. 1788P.
REMOVAL (Specify)	EMATORY 24D. LOCATION (City, town, or county) (Stote)
	PARK HUNTINGTON, WEST VIRGINA
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	MOTTHEWS LINEAR HOME 3021 EASTERN
VS 150-REV. 1/1/68	WHOTHERS LANERAL HOME BALTO, MD.

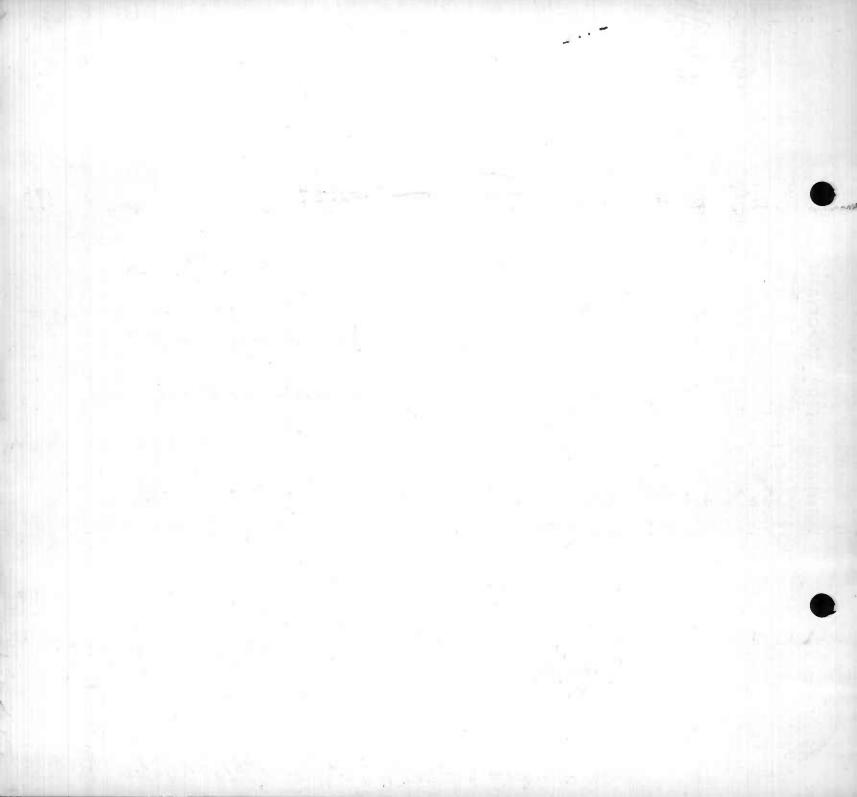
BALTIMORE CITY HEALTH DEPARTMENT

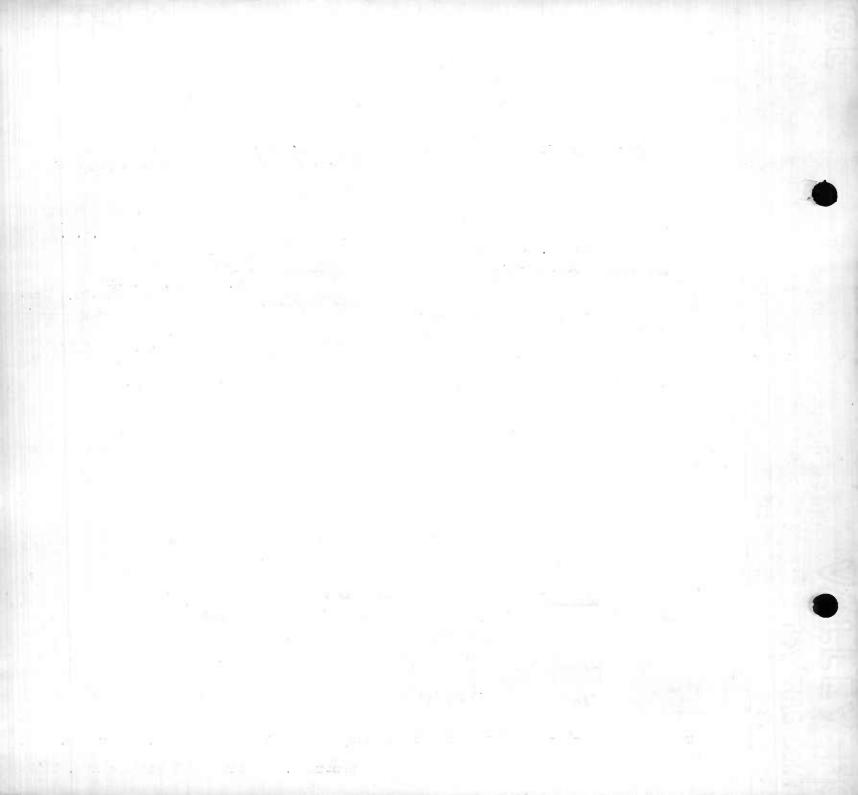
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CERTIFICATE OF DEATH REG. NO. Such the BIRTH NO I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before D. INSIDE CITY LIMITS? YES X NO If Under 1 Yr. If Under 24 Hrs. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS 2-05-6657B Raymond C. Ritte-3203 White Ave. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exact location) and that in( aur) apinlan death accurred an the date 23B. DATE SIGNED -31 written approval (State) (City, tawn, or county) Maryland SD 2SA. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Home VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT







VS 150-REV, 1/1/68



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attendance

S. SEX

a hospital and

	BALTIMORE CIT	Y HEALTH DEPARTMENT	
BIRTH NO. 69	6445 CERTIFICA	ATE OF DEATH	6 6445
1. NAME OF DECEASED (Type or Print)  MILLIE E	E.SAVAGE.	2. DATE AND HOUR OF T	
FULL NAME OF (IF NOT IN HOSPITA ADDRESS OR LOCA INSTITUTION  Sinai Hospital	AL OR INSTITUTION, GIVE STREET TION)	4. USUAL RESIDENCE (Where deceased live A. STATE B. COUNTY  Md.	
S. SEX 6. RACE White	7. MARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH 12/12/01 9. AGE (In yeo lost birthdoy) 67	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B, KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign country)  Md.	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
5. Was Deceased Ever in U. S. Armed Forces, no or unknown) (If yes, give wor or dote:	s of service) SECURITY NO.	Leonard Hessenauer 3635	Chestnut Ave.
DISEASE OR CONDITION DIR LEADING TO DEATH  (This does not mean the mode of heart foilure, osthenio, etc. It means injury or complication which coused  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION tost.	dying, e.g., the disease, deoth.)  (A) IMMEDIATE CA DUE TO, OR AS ON THE CANADA TO THE TO, OR AS ON THE CANADA TO THE TO, OR AS ON THE TO, OR THE	te muse and in	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  THE STATE OF THE STATE O

injury or complication wl ANTECEDEN DISEASES OR CONDIT lo lhe obove UNDERLYING CONDITION ICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 198. CONDITION FOR WHICH OPERATION 20B, IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? CERTIF OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exoct location) MEDICAL DEATH (notify medical examiner) 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21 E. INJURY OCCURRED While At Not While I (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from that (I) (we) lost saw the deceased olive on ond that In(my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED Attending Med. Staff Director 23C. PHYSICIAN'S NAME (Type 23D, ADDRESS DEGREE 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote) 6/26/69 Burial Druid Ridge Balto. Co.

25C. FUNERAL DIRECTOR

ADDRESS

.Chenometh Jr 3615 Chestnut Ave.

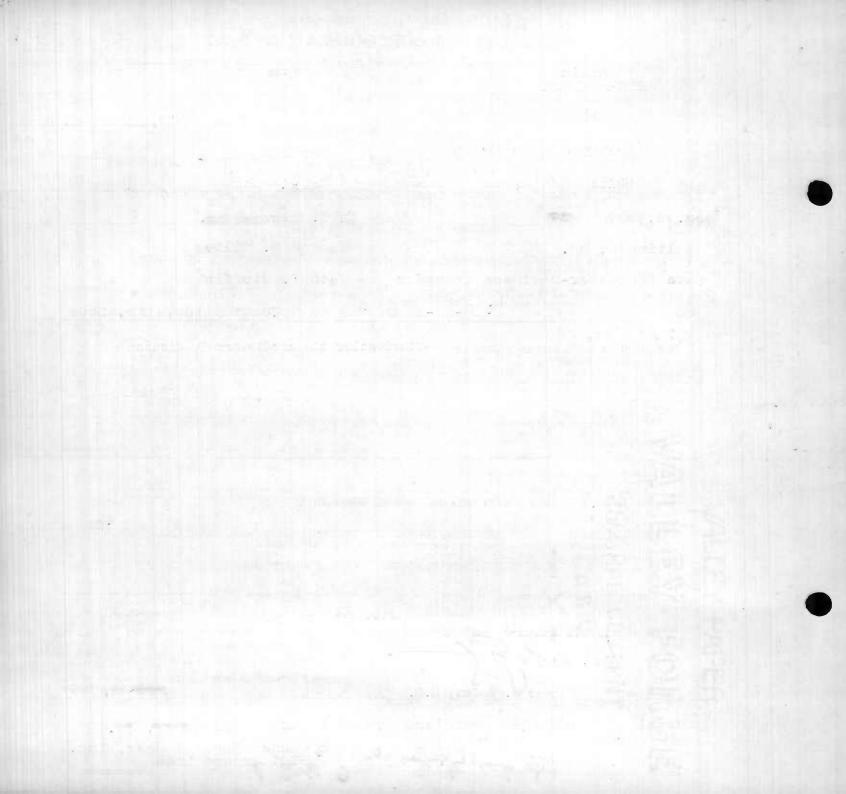
VS 150-REV. 1/1/6B

25A. DATE REC'D

.213. 

69 6446 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

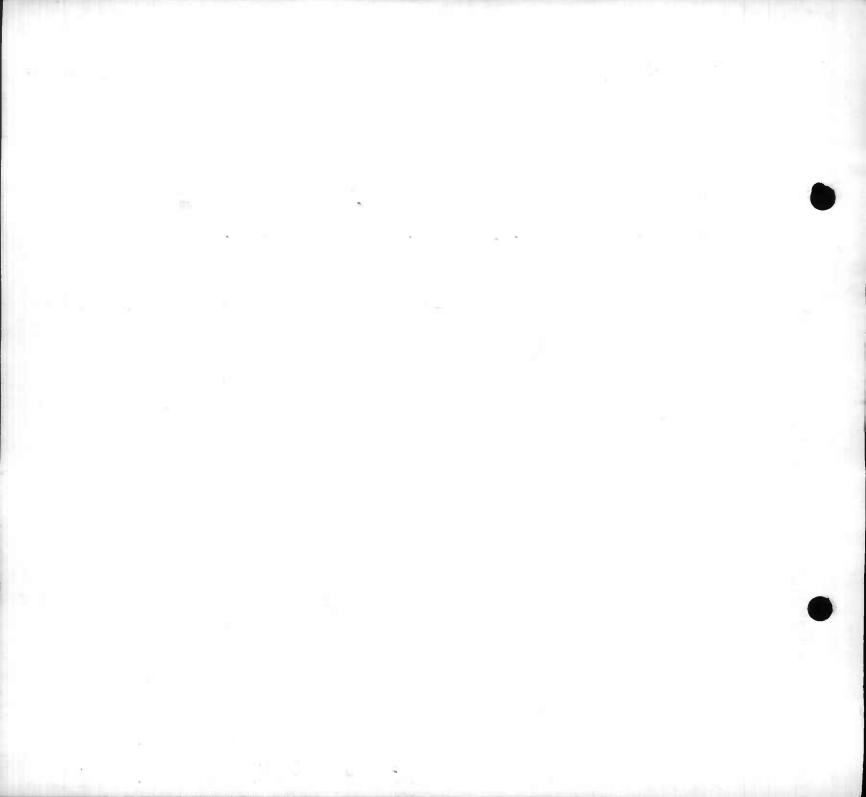
	TH NO.		MILD	ICAL	. LAAMIINLK 5 V		CAIL OI	DLAII	REG. NO.		
1. NAME OF DECEASEROTTIS (Type or Print) A DETERMINE					2. DATE OF	Knawn	Month	Doy	Year	Haur	
ARTHUR MILLER					DEATH	Estimoted				М.	
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET					3. DATE PRONO	UNCED DEAD	Manth	Day	Year	Haur
HO	SPITAL	ADDRE	SS OR LOCA	ION)	IIIOIION, GIVE SIKEEI		ESIDENCE (Where	June	22.	1969	5:00 pm.
	25	, , ,		7		A. STATE	ESIDENCE (When		. COUNTY	: residence t	efore admission)
6	SEX C	hurch H			spital RED ☑ NEVER MARRIED ☐	C. CITY OR	Maryland_		D. INSIDE CI	TV HANTS?	0-020
	ale	White		WIDOV							
	DATE OF BIRTI		10. AGE (In		If Under 1 Yr. If Under 24 Hrs.		Balto.		YE	s 🗶	NO [_]
	ec.24,1		lost birthday	1)	Months Days Hours Min.		N Toleann	- 1 A			
	BIRTHPLACE (S			-	12. CITIZEN OF	13. FATHER	N. Lakewo	od Ave.			
	Baltim	ore.	. DN		WHAT COUNTRY?	Ge	orge N.	Mille:			
144	USUAL OCCU	PATION (Give	kind of work	4B. KIND	OF BUSINESS OR INDUSTR						
a an	oduring most of w	ocessi	er-Da	vids	on Transfer	Ru	th T. St	offin			
16.	WAS DECEAS	ED EVER IN	J.S. ARMED	FORCE	S? 17. SOCIAL SECURITY NO.	18. INFORM	TUAN		AC	DORESS	
(10	no	(it yes, give w	or or dates	or service	216-22-3809	Minn	ie McCor	d Mil	ler, wi	fe,ab	ove
	19.	12 11			CAUSE OF DEA	тн					PROXIMATE INTERVAL
	DISEAS	E OR CONDI	TION DIREC	CTLY	Arteri	osclero	tic cardi	ovascul	r disea	se	
Н		LEADING TO			(A)IMMEDIATE	AUSE					
	heart failure	ot meon the , asthenia, etc.	It means the	disease,	DUE TO, OR	AS A CONSEG	UENCE OF:				
	injury or complication which caused death.)										
ŀ.		NTECEDENT		004010	(B)	AS A CONSE	OHENCE OF				
Н	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.										
Z	UNDEXLYIN	NG CONDITI	ON LASI.		(C)						unumar una cusuma, seu seu den seu seus ausa antes altro des allerder-debrike aderena als den 400 d
CERTIFICATION	OTHER SIGN	IFICANT CON	II	NITRIBIL	TING						
S.	TO THE DE	ATH BUT NOT	RELATED TO	THE TERM	INAL						
RT					FOR WHICH OPERATION W	AS PERFORM	NED			21. AUTO	PSY? (Yes or No)
Ö	2									YF	20
13		NAL CAUSE			22B. PLACE OF INJURY (e.g.,			(If in Baltimare	City, give exa		10
EDIC	UNDERLYING UTING CA				home, farm, foctary, street, offic	e blug., etc.) I	NORT OCCUR:				
Σ			ay) (Year	) (Hau	r) 22E.INJURY OCCURRED		2F. HOW DID IN	JURY OCCU	₹?		
	(APPROX.)				m. WHILE AT NOT	ORK					
	23.	the stead to	ald an all		7 I	topsy XX		Lia kaala .	land in		
		ify that I he			Accident Suicid		ond that on t		ed monner	_	
	result	red from: N	atural cau	505 144	Accident   Suicio		CHIEF MEDICAL		-	_	
	ACTUAL	Inch	mer	11	21	ASSI	STANT MEDICAL				DATE SIGNED
	SIGNATI	U	,,	11	M.C	•	CIATE MEDICAL	1	5		
	NAME (1		Werne	r v.	Spitz, M.D.				Jun	e 23,	1969
	A. BURIAL CRE/		4B. DATE		24C. NAME of CEMETERY	or CREMATO	ORY 24D.	LOCATION	(City, town	, ar county)	(Stote)
1	Burial		6/26	/69	Moreland Me	emoria	1 Park	Balt:	imore,	Md.	
25	A. DATE REC'D	BY HEALTH	DEPT.	25B. N	IAME OF REGISTRAR	250	FUNERAL DIRECT	OR		DDRESS	nc
		111%i	2.6 196	9 2	west E. Farber, M.	Da:		rehms	Lane	me, 1	
VS	151-REV. 1/1/6E		20 100	-	<del>-0 7 to :</del> ]	0	1101				



	CO BALTIMORE CITY	Y HEALTH DEPARTMENT	GAAD			
	RTH NO. 69 6447 CERTIFICA	TE OF DEATH REG. NO.	044/			
1,		2 DATE AND HOUR OF DEATH				
(1	(HOUTES)	(2-22-69 13	2			
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, 11 institution; reside	S - OO P M			
		A. STATE B. COUNTY	C C C C C C C C C C C C C C C C C C C			
FI	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland	X - 4/			
IN	STITUTION	C. CITY OR TOWN D. INSIDE CITY LIMIT	5?			
- 15	14	Baltimore YES	NO 🗌			
1	()	E. STREET AND NUMBER				
_	Union Memorial Hosp.	13147 El mora Aux				
5.	SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1   Months; Do	Yr. , if Under 24 Hrs.			
16	emale white WIDOWED DIVORCED	10014080 000	ys Hours Min.			
10	A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY ne during most of working life, even if relired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN	OF WHAT COUNTRY			
do	Housewife at home	Barstow	. ^			
10		Maryland Us	SA			
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	Tom Bowen	Visco Carit				
15.	Was Deceased Ever in U. S. Armed Forces? 11.6. SOCIA!	17. INFORMANT	DRESS			
100	s, no or unknown! (If yes, give war or datas of service) SECURITY NO.					
-	213-52-6334	Theodore R. Clocker, son-in-	·law, above			
	18. 5-74-01 CAUSE OF DEATH	H A A A A A A A A A A A A A A A A A A A	PPROXIMATE INTERVAL			
	DISEASE OR CONDITION DIRECTLY Louise	cuperaus choley titis.				
1	LEADING TO DEATH	JSE				
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,					
	injury or complication which caused death.)	e in Common Dust				
l.	ANTECEDENT CAUSES					
	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:					
	inso to the above couse (A) stoling the UNDERLYING CONDITION last,	hamouharin bancua lili				
	C) (C)	Strategy francy				
z	11	V/ 0				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	y, S ,				
Y U	DISEASE OR CONDITION GIVEN IN PART 1 (A).  1994- DATE OF OPERATION 1998, CONDITION FOR WHICH OPERATION	100				
든	WAS PERFORMED	20A-AUTOPSY? (Yos or No.) 20B, 1F YES, WERE FINDINGS CO	NSIDERED TH?			
CERTIFI	21A ACCIDENT WAS UNDERLYING 21B PLACE OF INJURY (e.g., in	. Ves IN CERTIFIED CAUSES OF DEA				
AL O	OR CONTRIBUTING   CAUSE OF   home, form, foctory, street, off	n ar about 21 C. WHERE DID (if In Baltimare City, give exc fice bldg., INJURY OCCUR?	oct location)			
O	DEATH (notify medical examiner) etc.)					
EDIC	21D-TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
8	[(APPROX)   While At   Not While					
	Work Al Work					
	22. I certify that (t) (this hospital) attended the deceased from	6-21 19 69 10 6-22	19 6 7			
	that (1) (we) lost saw the deceased alive on 6 - 22	ond that in (my) (our) opinion death of	curred on the date			
	and hour and from the couses stated above. (i) (We) (did) (did not) vi	iew the body ofter deoth.				
	E3A. SIGNATURE	23B. DATE SIG	GNED			
	Atten About Phys.	nding Med. Staff Phys. G-2	2-69			
		13D. ADDRESS	2-01			
	1	^ ) = ^ \				
247	Stephen Goldberger DEGREE	Union Menorial Mos	.5.			
447	REMOVAL (Specify) 248. DATE 24C. NAME OF CEMETERY OF CREATERY		int)) (State)			
	Burial 6/27/69 Mt. Tabor	Etichson, Md.				
254	DATE REC'D BUTTE HE DEUTO 258 NAME OF REGISTRAR		DDRESS			
	word En Valer A.D.	Schimunek Juneral Home, In	С.			
1	150_0EV_1/1/68	And offerma ratio				

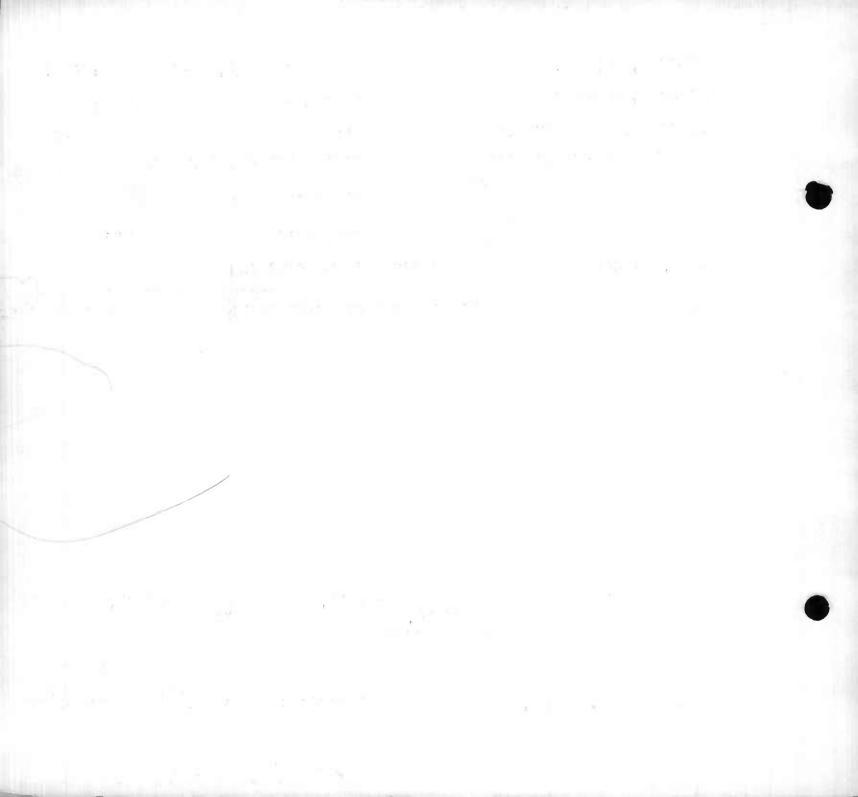
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VS 150-REV. 1/1/68



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60 0	BALTIMORE CITY	HEALTH DEPARTMENT	V	00 0440	
BIRTH NO.	449 CERTIFICA	TE OF DEATH	REG. NO.	69 6449	
		2 DATE AN	ID HOUR OF DEATH		
"WINEGAR, JOHN F.		JUNE 4. USUAL RESIDENCE (When	24. 1969	1 2.50 A	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR		4. USUAL RESIDENCE (When	e deceased lived. If in	nstitution: residence before admissient	
ST AGNES HOSPITAL OR II HOSPITAL OR II ADDRESS OR LOCATION	DISPITAL OR ADDRESS OR LOCATIONS			imore 530	
WILKENS & CATON AVENU	ES	RELAY  E. STREET AND NUMBER	D. 1143	YES NO KX	
BALTIMORE MARYLAND 21	229		ROLLING RO	DAD	
1111	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lest birthday)	Menths Deys Heurs Min.	
	WED DIVORCED	N4 22 12	57		
10A. USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country	12. CITIZEN OF WHAT COUNTRY?	
	4012	CONNECTICUT		USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME		
JOHN, WINEGAR 50.	DEC'D	(ANDERSON) A	ANNA		
15. Wes Decessed Ever in U. S. Armed Ferces? (Yes, no or unknown! (If yes, give war er detes ef serv	lce)   1 6. SOCIAL   SECURITY NO.	17. INFORMANT	OPD IC DAI	TIMORE MD 21229	
No	217 12 9091				
18. 4492 XI	CAUSE OF DEATH	1	DITIAL WIL	APPROXIMATE INTERVAL	
DISEASE OR CONDITION DIRECTLY		0		BETWEEN ONSET AND DEATH	
LEADING TO DEATH  This does not mean the mode of dying,	(A) IMMEDIATE CAU	SE E M PHY	rema.		
heart lailure, asthenia, etc. If means the dise					
injury or camplication which caused deoth.)		200			
ANTECEDENT CAUSES	(B)	***************			
DISEASES OR CONDITIONS, if ony, ginse to the above cause (A) stating UNDERLYING CONDITION last.	the (C)	A CONSEQUENCE OF:			
	(0/			***************************************	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN OF STATE OF THE PART 1 (A).	NG				
DISEASE OR CONDITION GIVEN IN PART 1 (A).					
19A-DATE OF OPERATION 19B CONDITION F WAS PERFORMED	OR WHICH OPERATION	NO	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?	
OR CONTRIBUTING CAUSE OF	218 PLACE OF INJURY fe.g., in hame, farm, factory, street, off etc.)	er ebout 21C, WHERE DID ice bidg., INJURY OCCUR?	(If In Beltimer	e City, give exect location)	
OF INJURY (Menth) (Dey) (Year [Haus)	21E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?		
(APPROX)	While At At Wark				
22. I certify that (1) (this hospital) attend			9 69 to JU	NE 24. 19 69	
that (iX(we) lost saw the deceased alive on JUNE 24. 19 69 and that in (m) (our) opinion death occurred					
ond hour and fram the couses stoted obov					
23A. SIGNATURE (nam)	1. 11D			238, DATE SIGNED	
10 3.00 11.00	DEGREE Phys.	ding Med.	Staff Phys.	06.24-691.	
PIRZADEH A. SHAMS, M	ID .	ST AGNES HOSP		IMORE MD 21229 ENS & CATON AVE	
24A- BURIAL CREMATION, 1248, DATE 1249	DEGREE C. NAME of CEMETERY OF CREA			ty, tewn, or countyl (Stotal	
Bural 6/27/69)	Mendowrider ,	Semetras Hon	und lo me	the Markenel	
25A. DATE REC'D BY HEALTH DEPT. 25B. NA.	AE OF REGISTRAR	25C. FUNERAL DIRECTOR	1	Appress Park	
HIN 26 1969 Car	BE Jaiber M.D.	Conver	ose An	C. IN BI	



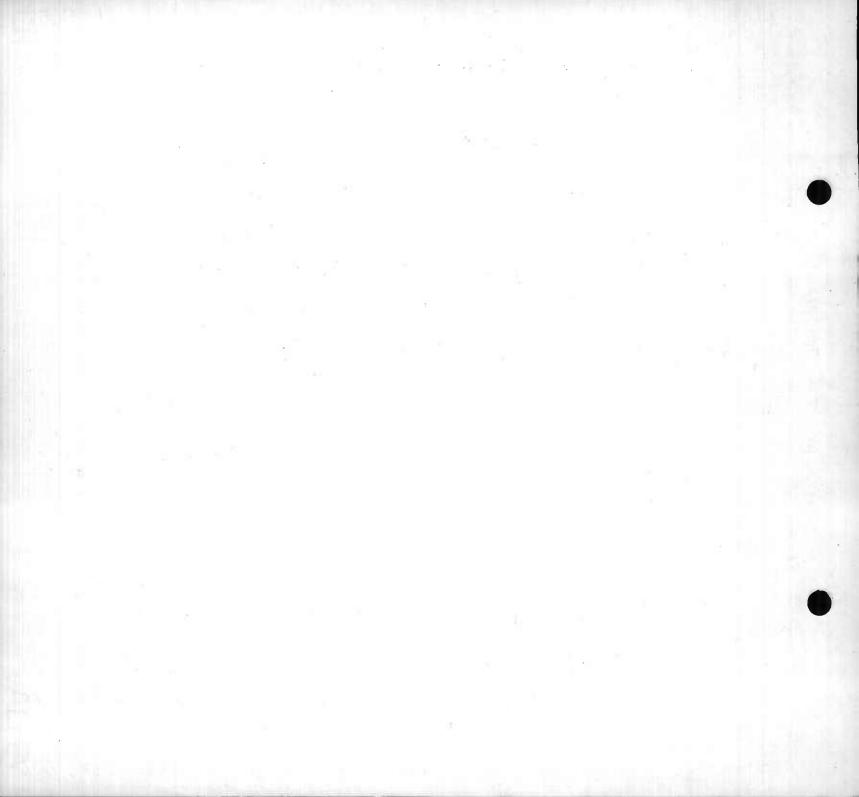
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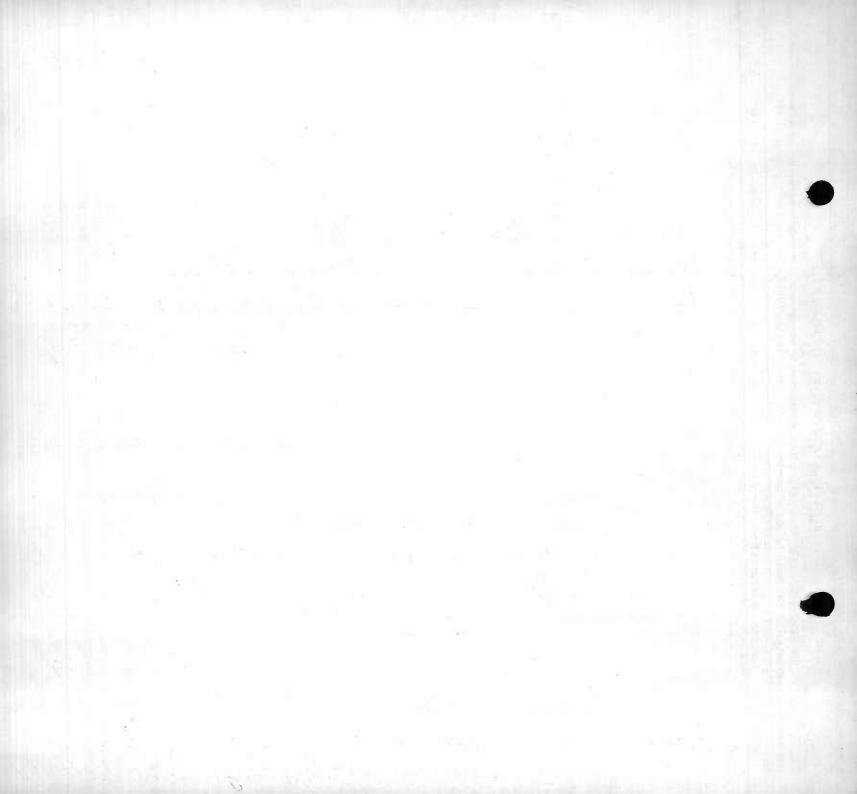
			Y HEALTH DEPARTMENT	69 6450		
BII	RTH NO.	69 6450 CERTIFICA	ATE OF DEATH REG. NO. 1	00 0420		
	NAME OF DECEASED		2. OATE AND HOUR OF DEAT	н		
	MOYMAN	Miss Angelia	ne W 6.21.69	9-50Pm.		
	PLACE IN BALTIMORE, MARYLAND,	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If A. STATE B. COUNTY	institution: residence before admission)		
H	JLL NAME OF (IF NOT IN HOSPI OSPITAL OR ADDRESS OR LOC	TAL OR INSTITUTION, GIVE STREET	Maryland ID. IN	W1-13		
IN	ISITUTION , I	nd General	Baltimore D. In	YES NO NO		
'			E. STREET AND NUMBER	1E3 NO		
		tospital		e Rd		
5.	SEX 6. RACE	7- MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Ye, If Under 24 Hrs. Months Doys Hours Min.		
10/	A. USUAL OCCUPATION (Give kind of we		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
dor	ne during most of working life, even if retired)		Maryland	A.Z.V		
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
	August	Horman	Kesslev			
15. (Ye	Wes Deceased Ever in U. S. Armed Fors, no or unknown! (if yes, give wor or do	orces? les of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT NIECE OF the H	ADDRESS		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	212-01-3099	by Admitting office MD	Gew Hospi		
-	18.7/ / )	CAUSE OF DEAT		APPROXIMATE INTERVAL		
	DISEASE OR CONDITION D	IRECTLY		BETWEEN ONSET AND DEATH		
	LEADING TO DEATH		USE Pulmonary Embol	i 4 weeke		
1	(This does not mean the made of heart failure, asthenia, etc. It mean	dying e.g., DUETO OR AC	A CONSEQUENCE OF:			
	injury at camplication which cause	d death.)				
	ANTECEDENT CAUSE	s Rig	The Hemiplegia	Sweeler		
	DISEASES OR CONDITIONS, if		A CONSEQUENCE OF:			
	rise to the above cause (A) UNDERLYING CONDITION last	stating the	ertension. Artemosc	Pentir 4 ears		
	11	(0)	ertension Arteriosc	0		
Z	OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING	0 100 200000	36		
¥	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PA	THE TERMINAL				
CERTIFICATION	19A-DATE OF OPERATION 198 CO		20A. AUTOPSY? (Yes or No.) 208, IF YES, WER	E FINDINGS CONSIDERED		
2	21A ACCIDENT WAS INDESTRING	1212 21 4 62 62 1411124	b visit in the second s			
Y.	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B PLACE OF INJURY (e.g., home, farm, foctory, street, o	fice bldg. INJURY OCCUR?	nore City, give exact location)		
	21D. TIME (Month) (Doyl (Year)	(Hour 21 & INJURY OCCURRED	21F. HOW DIO INJURY OCCUR?			
٤	(APPROXI	While At Work Not While At Work	le 🗆			
	22. I certify that (1) (this baseles		C:13 1969 to	6,21 1969		
	22. I certify that (I) (this haspital) attended the deceased from 5 13 19 69 to 6 21 19 69 that (I) (we) lost sow the deceased alive on 6 21 19 69 and that In (my) (our) opinion death occurred on the date					
		TO THE OIL MANAGEMENT OF THE PARTY OF THE PA		button decit occurred on the dote		
	23A. SIGNATURE	ited above. (1) (We) (dld) (dld nat) v	view the bady offer death.	22R DATE SIGNED		
	Mohamm	C   Dhi	ending Med. Staff Phys. Director Phys.	1- 23R DATE SIGNED		
	23C. PHYSICIAN'S NAME (Typel	T DEGREES	23D. ADDRESS	1/1		
	MAHAMMAD	SIDIQ M.B.B.S.	Maryland General	MOS PITO.		
24	A BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION	City, town, or county! (State)		
25	6-24	-69 HARMONY CE	M Howard	Co. Md.		
23	A. OATE REC'D BY HEALTH GERT 1969	E Tabel M.D.	25C. FUNERAL DIRECTOR.	ADDRESS Park		







( ) O O	RTH NO. 69 6453 CERTIFICATE OF DEA	TH REG. NO. 09 5453
+ 5 1.N/	NAME OF DECEASED	DATE AND HOUR OF DEATH
	PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDEN	CE (Where deceased lived, Il institution; residence before admission)
FUL HOS	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	27-55
INST	OSPITAL OR ADDRESS OR LOCATION)  C.CLY OR TOWN  STITUTION  C.CLY OR TOWN	D. INSIDE CITY LIMITS?
4	E STREET AND NU	FAILS RU
5. SE	MARKIED VIVE WARRIED	9. AGE (In years II Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	MIDOWED DIVORCED S-/6-0	
-	SALESMEN Mest Packing Med Mothers Mail  FATHER'S NAME  14. MOTHER'S MAI	USA
1	Irving Baken DAISEG	Botelen
15. W (Yes.	Was Deceased Ever in U. S. Armed Forces? spot unknown lift yes, give wor or doles of service)  16. SOCIAL SECURITY NO. 215 09 1718	address  Address  Same
	18. 25 OTI CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	all beauto Apadort 3de
	(This does not meon the made at dying, e.g., heart failure, asthenia, etc. It means the disease,	of passoner / and
	injury or camplication which caused death.)  ANTECEDENT CAUSES	A MIL
	DISEASES OR CONDITIONS, if any, giving  (B)  DUE TO, OR AS A CONSEQUENCE O	ale Pollelle
	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	ASCVO
7		
Ĕ	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	(es or No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
-1	21 A. ACCIDENT WAS UNDERLYING   21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHER home, lorm, factory, street, office bldg., INJURY OC DEATH (notify medical examiner)	E DID (II in Boltimare City, give exoct lacotian)
U	No	DID INJURY OCCUR?
>	(APPROX.)  While At Not While At Wark	NA
2	22. I certify that (I) (this tospital) attended the deceased from 24 June	1969 to 25 June 1969
	that (1) (we) last saw the deceased alive an 24 June 1969	and that in(my) (aur) apinian death accurred an the date
	and haur and fram the causes stated above. (1) (41) (did) (did) view the bady after 23A. SIGNATURE	death. 238, DATE SIGNED
	Attending Med. Direct	or Phys. 0 6/95/69
1	23C. PHYSICIAM'S NAME (Type)  23D. ADDRESS	" " " " " " " " " " " " " " " " " " " "
244	L.J. BUCKELS M.D. DEGREE GOODS	SamariTAN Hospital Baltimore
D	A. BURIAL CREMATION, 24B. DATE 24G. NAME OF CEMETERY OF CREMATORY  REMOVAL Specify  6-28-69  Poplan  CLARKETERY  OF CREMATORY	24D. LOCATION (City, town, or county) (State)
25A.	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 259 FUNERAL D	DIRECTOR ADDRESS
	SE Take MA WO	Harriel Home B. H. Mal



MEDICAL EXAMINER'S CERTIFICATE

-	3		MED	ICAI	FY	AMINER'S	CEPTIE	CATEO	DEATH	4	69	CAEA
BIR	TH NO.		MILU	ICAI	LLA	AMIIATIO	CLKTII	ICATE OF	DLAII	REG. NO.	00	0409
	NAME OF DEC	EASED	C.				2. DATE	Known 🔲	Month	Doy	Yeor	Hour
(Typ	e or Print)	D		WILK	ENS	(Wilkins	OF	Estimoted		24,196		6:45 P. M.
4.	PLACE IN BAL	TIMORE, M.	ARYLAND, W	HERE P	RONOL		3. DATE		Month	Doy	Yeor	Hour
HO	L NAME OF SPITAL INSTITUTION		OT IN HOSPITA		OITUTITE	N, GIVE STREET		DUNCED DEAD		24, 19		6:45 P.M.
10	20						A. STATE	RESIDENCE (Whe		B. COUNTY	residence	before odmission)
-			ENT HOS					Maryland			2	1-2/
6. 5	SEX	7. RACE		8. MAR	RIED 🗌	NEVER MARRIED	C. CITY O	RTOWN		D. INSIDE CIT	TY LIMITS?	
	Ma le	Ne	egro		WED 🗌	DIVORCED		altimore		YE	s 🗶	NO 🗌
	DATE OF BIRTI		10. AGE (In lost birthdo			er 1 Yr. If Under 24 Hrs 1 Doys , Hours , Min	.	AND NUMBER	an Assan			
_	BIRTHPL ACE (S		ian country)	17	12. CIT	IZEN OF	13. FATHE	1 Edmonds	on Aven	ue		
	Baltimo			nd	1	U.S.A.		rid C. W	ilkins			
14A	USUAL OCCU	PATION (Gi	ve kind of work	14B. KINI	D OF BL	SINESS OR INDUST	RY 15. MOTH	ER'S MAIDEN NA	ME			
	unemplo		ven irrenrea)				Mild	dred M.	Reid			
16.	WAS DECEASE	ED EVER IN	U.S. ARMED	FORCE	S?	7. SOCIAL	18. INFOR			AD	DRESS	
	, no or unknown)	(if yes, give	wor or dotes	of service	e)	SECURITY NO.	Mra	Mildre	A Whit	tingto	n	Same
	19.	2 53				CAUSE OF DE		MILLULE	d Wille	cingeo		APPROXIMATE INTERVAL
	500	4.71									BET	WEEN ONSET AND DEATH
			DITION DIREC	CITLY		Intra	venous	narcotism				
	4	LEADING T	mode of dy	ino e o		(A)IMMEDIATE	CAUSE					
	heort foilure,	osthenio, et	c. It meons the	diseose,		DUE TO, OR	AS A CONSE	QUENCE OF:				
	illiory or com	ipiiconon wn	ich coused deo	····.)								
	A	NTECEDENT	CAUSES			(B)						
	DISEASES O	OR CONDIT	ONS, IF ANY	, GIVING	-	DUE TO, OF	AS A CONSI	EQUENCE OF:				
_	UNDERLYIN	IG CONDI	TION LAST.	ING IN		(0)						
6						(c)						
¥	OTHER SIGN	IFICANT CO	II INDITIONS CO	ONTRIBU	ITING							
잂	TO THE DEA	TH BUT NO	T RELATED TO	THE TERM	AINAL							
CERTIFICATION						HICH OPERATION V	VAS PERFOR	MED			21 AUTO	OPSY? (Yes or No)
벙	7										211 71011	
4	22A. EXTERI	NAL CAUSE	VALAC		228 81	ACE OF INITIDY	to as about	22C WHERE DID	/14 := 0 - lu:	C'th	11	yes
EDICAL	UNDERLYING UTING CA	OR CON	ITRIB-		home, f	ACE OF INJURY (e.g. arm, foctory, street, off	ice bldg., etc.)	INJURY OCCUR?	(If in Solfimore	City, give exo	et location)	
Σ	22D. TIME		Doy) (Year	) (Hou	r) 22E	INJURY OCCURRED		22F. HOW DID II	NJURY OCCU	R?		
	OF INJURY (APPROX.)				m. WH		WORK					
		ify that I l	neld on I	nquiry [		Inspection A	utopsy 🗴	ond that on	this bosis, o	death in my	opinion	
	result	ed from:	tatural cou	ses 🗴	= , Ago	ident 🗌 🔊 Suici	de H	lomicIde 🗌	Undetermin	ed monner		
		/-	/ /	11	1/	, /		CHIEF MEDICAL	EXAMINER			
	ACTUAL	(1 /	ued	MI	Un	M	ASS	ISTANT MEDICAL	EXAMINER	x		DATE SIGNED
	SIGNATU		201	- 1 /		M.	D.	OCIATE MEDICAL		7 6	/25/6	0
	NAME (T	K	onald N	. Ko	rnbl	um, M.D.	A33	OCIATE MEDICAL	EVAMILIAEK	_ 0	/25/0	
24,	A. BURIAL CREA	AATION,	248. DATE		24C.	NAME of CEMETERY	ar CREMAT	ORY 24D	LOCATION	(City, town	, or county	y) (Stote)
RE	MOVAL (Specif Burial	γ)	6/27/6	a	R:	altimore Na	tional	Cem.	Baltim	ore, Ma	rylam	d
25	A. DATE REC'D	RV HEAITH				F REGISTRAR		FUNERAL DIREC			DDRESS	
231				.4		Jaben M.D.	25C.	RTON & DY	FTT FUN			INC.
		JUN2 (	1209	400	20	decelis	0	(f) 34   au	rens St	reet. B	alto.	. Md. 21217

(setxins)

9505-PC-9

Paltimore, Maryland U.S.A. David C. Wilkins

Unemployed

ioit.

Mildred M. Reid

Mrs. Mildred Whitbington Same

B-652

MEDICAL EXAMINER'S O	CERTIFICATE OF DEATH REG. NO.
1. NAME OF DECEASED _	2. DATE Known C Month Doy Year Haur
(Type or Print) ALDENA BARNES	OF DEATH Estimated □ 6 22 69 2:35 a.m.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Day Year Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	June 22, 1969 2:35a M.  5. USUAL RESIDENCE (Where deceosed lived. If institution; residence before odmission)
000 2 2 2 2 2 2	A. STATE B. COUNTY
208 N. Monroe St. D.O.A.	Maryland  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
MARKIED A NEVER MARKIED	
Female Colored WIDOWED DIVORCED	Balto. YES X NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Days, Haurs, Min.	E. STREET AND NUMBER
11-11-1916 52	208 N. Monroe St.
11. BIRTHPLACE(Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
Washington, D.C. U.S.A.	John Chamberlain
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR' done during mast of working life, even if retired)	15. MOTHER'S MAIDEN NAME
Card Puncher	Mattie Hill
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no grunknown)((If yes, give wor or doles of service) SECURITY NO.	18. INFORMANT ADDRESS
(Yes, na ar unknown) (If yes, give wor or doles of service)  SECURITY NO.	Rev. John D. Barnes 208 N. Monroe S
19. A CAUSE OF DEA	TH APPROXIMATE INTERVAL
Arterios	BETWEEN ONSET AND DEATH
LEADING TO DEATH	
(This does not mean the mode of dying, e.g.,  (A)IMMEDIALE ( DUE TO, OR	CAUSE AS A CONSEQUENCE OF:
heort foilure, osthenio, etc. It meons the disease, injury or camplication which coused death.)	
ANTECEDENT CAUSES (8)	AC A CONSTRUCTION OF THE STATE
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20 A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	s mellitus
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21. AUTOPSY? (Yes ar Na)
	No
₹ 22Å. EXTERNAL CAUSE WAS   22B. PLACE OF INJURY (e.g.,	In ar about 22C. WHERE DID (If in Saltimare City, give exact lacation)
UNDERLYING OR CONTRIB-	e bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY	WHILE C
(APPROX.) m. WORK AT V	ORK
	topsy ond that on this basis, death in my opinion
resulted from: Natural couses XX Accident Suici	
ACTUAL MILLAL SONTI-	CHIEF MEDICAL EXAMINER L. DATE SIGNED
SIGNATURE WYNY M.E.	ASSISTANT MEDICAL EXAMINER XX
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Werner U. Spitz, M.D.	June 22, 1969
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, tawn, ar caunty) (State)
Burial 6/28/69 Arbutus Memo	orial Park Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
	MORTON & DYETT FUNERAL HOMES, INC.
111N 2 6 1969 , Robert E. Jaber M.D.	1701431 Launens Street, Balto., Md. 2121

11-11-1916 52

Washington, D.C.

Card Puhcher

11.00

U.S.A. John Chamberlain

Mattle Hill

Rev. John D. Barnes 208 M. Mondon Etc.

69 6456

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.	REG. NO.
1. NAME OF DECEASED (Type or Print) TEDDY LILITELLIDOT	2. DATE Known Month Doy Yeor Hour
TERRY WHITEHURST	DEATH Estimoted   June 24, 1969   6:50 A. M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD  June 24, 1969 6:50 A. M.  5. USUAL RESIDENCE (Where deceosed lived. Il Institution: residence before odmission)
Lutheran Hospital	A. STATE Maryland B. COUNTY 15-10
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro WIDOWED □ DIVORCED □	Baltimore YES X NO
9. DATE OF BIRTH 10. AGE (In years   If Under 1 Yr. If Under 24 Hrs   Months, Doys   Hours   Min	E. STREET AND NUMBER
4-10-1946	3909 Penhurst Street
11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
Baltimore, Maryland U.S.A.	Larry Whitehurst
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTITION done during most of working life, even if retired)	TY 15. MOTHER'S MAIDEN NAME
Laborer Beth-Steel	Eula Hoggins
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (II yes, give wor or dotes of service)  17. SOCIAL SECURITY NO.	IB. INFORMANT ADDRESS
No.	Mrs. Helen Whitehurst Same
19. CAUSE OF DE	ATH  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
	CAUSE Shotgun wound of chest
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  DUE TO, OF	R AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE	TAG A CONSEQUENCE OF.
UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	VAS PERFORMED 21. AUTOPSY? (Yes or No)
5	Yes
ZZA. EXTERNAL CAUSE WAS   22B. PLACE OF INJURY (e.g.	., in or about 22C. WHERE DID (If In Boltimore City, give exact location)
UNDERLYING OR CONTRIB. home, form, foctory, street, off	ice bldg., etc.) INJURY OCCUR?
22D TIME (Month) (Day) (Year) (Hour) 22E INITIAL OCCUPPED	2700 blk. W. North Avenue
OF INJURY  (APPROX.) 6-24-69 2.50 A WHILE AT NO	T WHILE read
(APPROX.) 6-24-69 2:50 A. m. WORK	work X Shot by unknown assailant
	utopsy X and that on this bosis, death in my opinion
resulted from: Notural couses Assident Suici	
	CHIEF MEDICAL EXAMINER
ACTUAL ( ) 3	ASSISTANT MEDICAL EXAMINER X
SIGNATURE M.	
EXAMINER'S Charles S. Springate, M.D.	
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETER	
Burial 6/28/69 Arbutus Mem	orial Pk.   Balto., Md.
25A. DATE REC'D BY HEALTH DEPT.  JUN 26 1969  25B. NAME OF REGISTRAR  JUN 26 1969	MORTON & DYETT FUNERAL HOMES, INC.
	1701-31 Laurens Street, Baltimore, Md.
VS 151-REV. 1/1/6B	

Estable and participation

4-10-1946

1/4_0

Baltimore, Maryland U.S.A. Larry Whitehurst

Laborer Seth-Steel Eula Hoggins

o. Mrs. Helen Phitehurst Same

AMERICA ---

JS followed an eligi-

AST TO SECURIOR

5	BALTIMORE CITY HEALTH DEPARTMENT  69 6457 CERTIFICATE OF DEATH  REG. NO. 69 6457
	1. NAME OF DECEASED (Type or Print) Taxlor, Margie Butter 2. DATE AND HOUR OF DEATH (Type or Print) Taxlor, Margie Butter
	3. PLACE IN BALTIMORE, MARYLAND, WHELE PRONOUNCED DEAD  FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  Lin. of Mid Hosp. Balt. M
is made.	5. SEX   6. RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (in years lest birthday)   10. USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)   112, CITIZEN OF WHAT COUNTRY?
disposition	done during most of working life, even if retired)  NONE  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME
final disp	John Summer  15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown)   Uf yes, give wor or doles of service)   Security No.   17. INFORMANT   ADDRESS
0	18.   CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) IMMEDIATE CAUSE Na   Failure & Prelonghriti 2-3 Lb
embalmed	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  ANTECEDENT CAUSES  AMMEDIATE CAUSE  AMMEDIATE CAU
ins are	DISEASES OR CONDITIONS, if any, giving nise to the above cause (A) stating the UNDERLYING CONDITION last.  (c) At-Pelvic Exanteration Immth
the remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  1994-DATE OF OPERATION 1995 CONDITION FOR WHICH OPERATION 120A-AUTOPSYZ (Yes of No)1 20B. IF YES, WERE FINDINGS CONSIDERED
before th	WAS PERFORMED  CAY CINDAGE AFTER TILL PLACE OF INJURY 16-99, in or obbut 21C, WHERE DID  OR CONTRIBUTINO CAUSE OF  CAY CINDAGE AFTER TILL PLACE OF INJURY 16-99, in or obbut 21C, WHERE DID  In Beltimore City, give exact location  (If in Beltimore City, give exact location)
btained b	OF INJURY (APPROX.)  (Monih) (Doy) (Yee) [Hour) 215, INJURY OCCURRED Work Not While At Not While At Work
o eq	22. I certify that (I) (this hospital) attended the deceased fram 59 19 67 to 623 19 67 that (I) (we) last saw the deceased alive an 6-23- 19 69 and that in (my) (aur) apinian death accurred on the date
ral must	and hour and from the causes stated above. (17) We) (did) (did not) view the body after death.  23A. SIGNATURE  Attending Med. Staff C-23-69  Phys. Director Phys.
approval	23C. PHYSICIAN'S NAME (Type) Of Michan  23D. ADDRESS  Uhiv Ind Hosy. But, Md  24A. BURIAL CREMATION, 24B. DATE  24C. NAME of CREMATORY 22D. LOCATION (City, town, or county)  REMOVAL (Specify)  (Stote)
written	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25G. FUNERAL DIRECTOR ADDRESS
-	VS 150-REV. 1/1/68 1969 700 RE Jacker NO. O MORTON & DYETT FUNERAL HOME, Balto 21217 Md.



B-620

BIRTH NO.	MEL	JICAL	EXAMINER 3 C	EKIIFI	CAILO	00, (1	REG. NO		
I. NAME OF DECEA	ASED			2. DATE	Known 🌠	Month	Doy	Year	Hour
(Type or Print)		ALD BRI	TROOP	OF DEATH	Estimoted [			a di	15236
4. PLACE IN BALTIN	MORE, MARYLAND, V			3. DATE		Month	Doy	Yeor	Hour M.
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	PRONO	UNCED DEAD	Termo	22	1060	9.25
HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	ATION)		5 USUÁL R	ESIDENCE (Who	June		1969	8:25 p M
				A. STATE		-	B. COUNTY	1	5-11
/ erv I7					Maryland		In INICIDE C	TTV HANTED	3-11
6. SEX 7.	RACE	o. MARRIEI	NEVER MARRIED	C. CITY OF	TOWN		D. INSIDE C	1	7914
	Negro	WIDOWE			alto.		Y	ES SE	NO L
9. DATE OF BIRTH	10. AGE (I		Under 1 Yr. If Under 24 Hrs. onths   Doys   Hours   Min.	E. STREET	AND NUMBER				
1-8-1946	23			352	1 Wabash	Ave.			
11. BIRTHPLACE (Stot	te or foreign country)	12	. CITIZEN OF	13. FATHER					
Baltimore	Marylar	nd	WHAT COUNTRY?	Jose	ph Leo	Chase			
14A.USUAL OCCUPA	TION (Give kind of work	148. KIND C	F BUSINESS OR INDUSTRY						
Janitor	king life, even if retired)			Marr	L. Bri	9000			
16. WAS DECEASED	EVER IN U.S. ARME	D FORCES?	17. SOCIAL	18. INFOR		3000	A	DDRESS	
(Yes, no or unknown) (If	yes, give wor or dotes	of service)	218-46-065	Mma	Mary I	Poh	neon	3521	Wabash A
NO.	- V		CAUSE OF DEAT		Mary I	J. ROD.	LIIOOII		PROXIMATE INTERVAL
E 76	61		CAUSE OF DEAT	ın					EEN ONSET AND DEATH
	OR CONDITION DIRE	CTLY							
	ADING TO DEATH		(A)IMMEDIATE C		Stab wou	nd of th	ne neck		
(This does not heart foilure, as	meon the mode of dy sthenio, etc. It meons th	ying, e.g., e diseose,	DUE TO, OR A	S A CONSEC	UENCE OF:				
Injury or compli	icotion which coused de	oth.)	91						
ANTI	ECEDENT CAUSES		(0)						
DISEASES OR	CONDITIONS, IF AN	Y, GIVING	DUE TO, OR	AS A CONSE	QUENCE OF:				
UNDERLYING	ABOVE CAUSE (A) STA	ATING THE							
0			(c)				************		
OTHER SIGNIE	II ICANT CONDITIONS C	ONTRIBUTION	16						
TO THE DEATH	H BUT NOT RELATED TO	THE TERMIN							
	ONDITION GIVEN IN F		OR WHICH OPERATION WA	S DEDECIDA	AFD.			21 AUTO	PSY? (Yes or No)
DATE OF C	PERATION 200. CO	IADIIIOIA FC	OK WHICH OPERATION WA	S PERFORM	TED				
_		Too						YES	5
O LINDERIVING TO	AL CAUSE WAS	ho	8. PLACE OF INJURY (e.g., me, form, foctory, street, office	in or obout	NJURY OCCUR	(It In Boltimo	re City, give ex	act locotion)	17-03
<b>□</b> UTING □ CAUS			Street					1. 900	Argyle Ave
OF INJURY	onth) (Doy) (Yea	r) (Hour)	22E.INJURY OCCURRED		22F. HOW DID I	NJURY OCC	JR?		
(APPROX.) 6	22 69	7:50 pm	WHILE AT NOT AT W	ORK X	Subject	stabbe	d durin	g alter	rcation
23.									
1			Inspection Au	tap sy XX	and that an	this basis.	death in my	apinian	
I certify	y that I held an	Inquiry 🔲	Hapacital Ad						
							ned manner		
	that I held an		Acetdent Suicid	• П	omicideXX	Undetermi	ned manner		
				• П	CHIEF MEDICA	Undetermi EXAMINER	ned manner		DATE SIGNED
resulted ACTUAL SIGNATURI	d from: Natural can			ASS	omicideXXX CHIEF MEDICA STANT MEDICA	Undetermi EXAMINER LEXAMINER	ned manner		DATE SIGNED
resulted ACTUAL SIGNATURI EXAMINER	d from: Natural car	ses 0	Aceident Suicid	ASS	CHIEF MEDICA	Undetermi EXAMINER LEXAMINER	ned manner		
ACTUAL SIGNATURI EXAMINER NAME (Typ	d fram: Natural can	Sh r U. Si	Acetdent Suicid	ASS ASS	CHIEF MEDICAL STANT MEDICAL DCIATE MEDICAL	Undetermi EXAMINER LEXAMINER EXAMINER	ned manner	□ NE 23,	1969
ACTUAL SIGNATURI EXAMINER: NAME (Typ	d fram: Natural can EULLE (5) (8) (9) (10) (10) (248. DATE	ses D	M.D.	ASS ASSO	CHIEF MEDICAL STANT MEDICAL DCIATE MEDICAL DRY 24	Undetermi EXAMINER LEXAMINER LEXAMINER	Manner JU	NE 23,	
ACTUAL SIGNATURI EXAMINER NAME (Typ	d fram: Natural can EULLE (5) (8) (9) (10) (10) (248. DATE	ses D	Acetdent Suicid	ASS ASSO	CHIEF MEDICAL STANT MEDICAL DCIATE MEDICAL DRY 24	Undetermi EXAMINER LEXAMINER LEXAMINER	ned manner	NE 23,	1969
ACTUAL SIGNATURI EXAMINER: NAME (Typ	Werne Willon, 248. DATE 6/26/	r U. SI 258. NA	M.D.  24C. NAME of CEMETERY Arbutus Mem	ASS ASSO ar CREMATO	CHIEF MEDICAL STANT MEDICAL DCIATE MEDICAL DCIATE MEDICAL DCIATE MEDICAL ELINERAL DIRECT	Undetermi EXAMINER LEXAMINER LEXAMINER LEXAMINER LOCATION A 1 t i more	JU (City, tov	NE 23,	1969 ) (Stote)
ACTUAL SIGNATURI EXAMINER NAME (Typ  24A. BURIAL CREMA REMOVAL (Special)	Werne Willon, 248. DATE 6/26/	r U. SI 258. NA	M.D.  24C. NAME of CEMETERY Arbutus Mem	ASS ASSO ar CREMATO	CHIEF MEDICA ISTANT MEDICA DCIATE MEDICA DCIATE MEDICA DRY 24	Undetermi EXAMINER LEXAMINER LEXAMINER LEXAMINER LOCATION altimor	City, love, Mary	NE 23,	1969 ) (Stote)

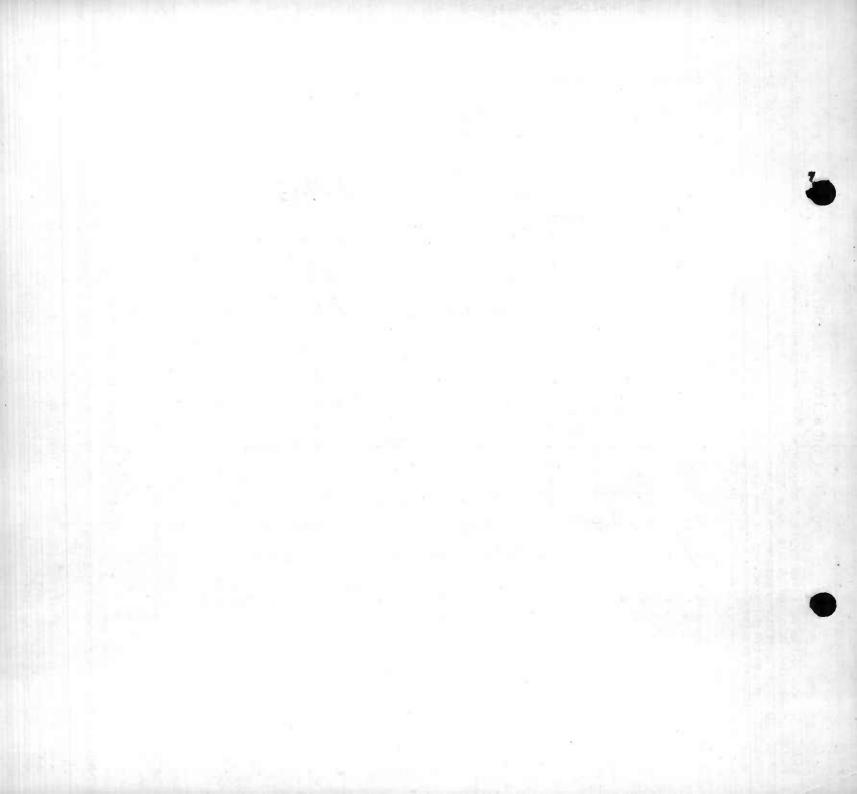
1-9-19466

Baltimore, Maryland U.S.A. Joseph Leo Chase

Janikor

Mary L. Briscoe

218-46-0651 Mrs. Mary L. Robinson 3621 School See



4-301				69	646	3		TH DEPARTMENT	X PEG NO	69	646	0
ath sed the uch	The same	TH NO.		574		CERTIFIC	AIE	OF DEATH	REO. IVO.			
N		Pe or Print)		hard ?	Thomas H	Reed				rH	2:20	Α
De De din	3.	PLACE IN BAL	IMORE MAR	YLAND, W	HERE PRONO	UNCED DEAD	4. U.S	SUAL RESIDENCE (Whe	DEATH    2. DATE AND HOUR OF DEATH   June 25, 1969   2;   RESIDENCE (Where deceased lived. If institution; residence to see the county)   1. Institution; residence to see the county   1. Institution; reside	residence beloro	admission)	
hospital use of d ; (5) Dece dance or death.	FU	LL NAME OF	(IF NOT I	N HOSPITA	AL OR INSTITU	UTION, GIVE STREET		Pa.		V-	35	
cau cau Jse; end	IN!			OR LOCA			C. CI	ry or town	D. 11	_		
cause; attend rior to	12		ic Heal		rvice Ho	ospital	N	REET AND NUMBER	pe)	YES [_]	NO	]
g .		3T00 M2	man Par	kway					Ave.			
0	5, 5		6. RACE		7. MARRIED	NEVER MARRIED	8. DA	TE OF BIRTH	9. AGE (In years	II Unde	Pr 1 Yı. II Un	der 24 His.
	104	M	W	tind of work	WIDOWED		]	12/18/4	金等二)7 义主义			
	don	Purchas	ing age	if refired)	1	orm Co.	(1), 81	-				COUNTRY
	13.	FATHER'S NAM		I J			14. M	OTHER'S MAIDEN NA				
			ell Ree						.0			
	15. Yes	Wos Doceased (,no or unknown)	(If yes, give v	Armod Fore var ai dote:	es? s of Service)	SECURITY NO.		FORM ANT	W W 1 - 2	D-7.4	ADDRESS	
		No				211-32-6432	- 1	coras- US Ph	p nospital	, barto		
		DISEAS	E OR CONDI	TION DIS	ECTIV	CAUSE OF DEA	TH				APPROXIMATE BETWEEN ONSET	
			LEADING TO	DEATH		(A)IMMEDIATE C	AUSE I	Pneumonia			Days	
		(This does no heart failure,	asthenia, etc.	It means	the disease,	DUE TO, OR A	S A CONS	SEQUENCE OF:				
		injuly at com	plicatian whic	h caused	death.)		Uoda	eleimte diese		- 1		
I			NTECEDENT R CONDITIO			(8)	JOON A 2	SKIII'S GISER	se 		5 yea	ars
1		rise to the	abave cau	use (A)	stating the		W A CO.	isterior or.		İ		
I		ONDERETING	11	last.		(c)						
	ATION	OTHER SIGNIFI	CANT CONDITI	ONS CON	TRIBUTING							
	CAT	TO THE DEATH	DNDITION GIVE	EN IN PART	1 (A).	VHICH OPERATION	100	A 11200 cv 2/V 11	) 200 to 200			
	CERTIFIC	21	O' EKNION	WAS PERF	ORMED	VINCE OFERATION	207	yes	IN CERTIFYING		DEATH?	
		21 A. A CCIDEN OR CONTRIBU	T WAS UNDE	RLYING	21 B.	PLACE OF INJURY le.g.	in or obc	out 21C. WHERE DID			e exoct lacation)	
	5	DEATH (notify	medicot exomir	n er)	etc.)							
	MEDI	OF INJURY	(Day	/) fYeori		INJURY OCCURRED	ilo —	21F. HOW DID INJ	URY OCCUR?			
		(APPROX.)			1101							
		22. 1 certify	that (1) (this	haspital)	attended th	Tumo 25	June					9 69
						June 25		19 <u>69</u> and th	at in (m/y) (aur) a	pintan dea	th accurred a	n the date
		and haur and		uses state	ed abave, ()	) (We) (did) (#Id /h6t)	view th	e bady after death.		23R DAT	IE SIGNED	
		12	_	The	68,1	/ 01	tending [		Staff X			
		23C PHYSICIAL NAME (Ty	Y'S nel			DEGREE	23 D. AD		rnys.	10/20/		
		John C	. Suther	cland,	MD	DEGRE	US	PHS Hospit	al, Balto,	Md.		
ļ	24A	BURIAL CREA		DATE		ME of CEMETERY OF C	E				or county)	(Stole)
			1	ne 28	3,69 S	t. Lukes Ce	netei	-				
1	25A	DATE REC'D	",501129	511969	25B. NAME O	t. Lukes Ce	250	DUNERAL DIRECTOR	s inc. 71	10 Bel	ADDRESS air Rd-	
		150-PEV 1/1/6				11.000	4	prhher pro	- 11100 /1			

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40"

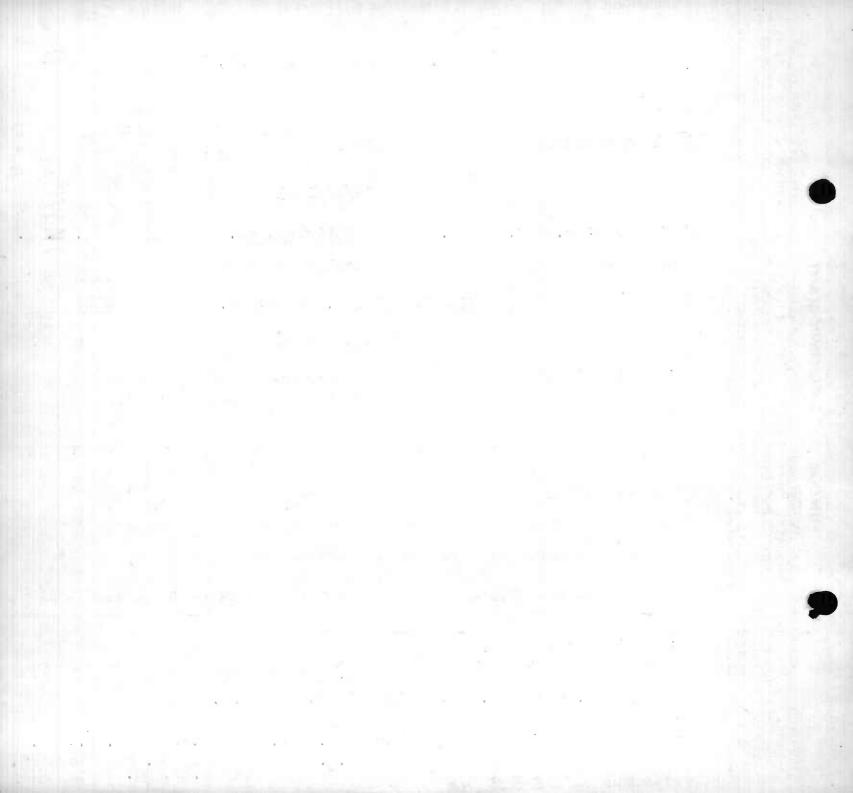
S 2 200

## 69 6461 ENALTIMORE CITY HEALTH DEPARTMENT

DIE	OIA UT	WEL	ICAL EXA	WINER'S	LEKTIFIC	CATE OF	DEATH	REG. NO.						
		FASED			lla DATE	Yearra [7]	Month	Day	Veer la	Hour				
			WADDE		OF				1001		A			
4	DIACE IN RAIL			ED DEAD		Estimated [								
	DEATH Estimated June 25, 1969  S. DATE PRONOUNCED DEAD PRONOUNCED DEAD A STATE PRONOUNCED DEAD PRONOUNCED DEAD JUNE 25, 1969  S. USUAL RESIDENCE (Where deceased lived, it institution, residence bean state pronounced deceased lived, it institution; residence bean state pronounced deceased lived, it institution; residence bean state pronounced deceased lived, it institution; residence bean state pronounced deceased lived, it institution; residence bean state pronounced deceased lived, it institution; residence bean state pronounced deceased lived, it institution; residence bean state pronounced deceased lived, it institution; residence bean state pronounced deceased lived, it institution; residence bean state pronounced deceased lived, it institution; residence bean state pronounced deceased lived, it institution; residence bean state pronounced deceased lived, it institution; residence bean state pronounced deceased lived, it institution; residence bean state pronounced deceased lived, it institution; residence bean state pronounced deceased lived, it institution; residence bean state pronounced deceased lived, it institution; residence bean state pronounced deceased lived, it institution; residence bean state pronounced deceased lived, it institution; residence bean state pronounced deceased lived, it institution; residence deceased lived, it institution; residence deceased lived, it institution; residence deceased lived, it institution; residence deceased lived, it institution; residence deceased lived, it institution; residence deceased lived, it institution; residence deceased lived, it institution; residence deceased lived, it institution; residence deceased lived, it institution; residence deceased lived, it institution; residence deceased lived, it institution; residence deceased lived, it institution; residence deceased lived, it institution; residence deceased lived, it institution; residence deceased lived, it institution; residence deceased lived, it institution; residence deceased lived, it instituti		Teor	11001										
HC	SPITAL	ADDRESS OR LOCA	TION)	NVE SIKEEI						1:30	А. м.			
OK	INSTITUTION					SIDENCE (Where			sidence bef	are admis	sion)			
		LUTHERAN HOS	SPITAL (DOA	.)	A. 51A.L	Marylan			5-	47				
6.	SEX	7. RACE	8. MARRIED NE	VER MARRIED	C. CITY OR	TOWN		D. INSIDE CITY	LIMITS?					
M	[ale	Negro			Balt	imore		YES (	NO A					
9.	DATE OF BIRTH		n years If Under 1	Yr. If Under 24 Hrs.	E. STREET A	ND NUMBER								
	Verson	29-240		dys i roots i min.	3113	Windsor S	treet							
11	BIRTHPLACE (S	tate or foreign country)	12. CITIZE	N OF			02000	B						
-	Prol	Home of	mal WHAT	COUNTRY?	( )	6. 61	2011.16	Jana		,				
144	USUAL OCCU	PATION (Give kind of work	14B. KIND OF BUSIN	VESS OR INDUSTRY	15 MOTHER	S MAIDEN NAM	AE -	Noun.						
					16	11.	12.0							
_	WAS DESCRIPTION	ED SUED IN ILC ADMES	P F O D O F C O O O O O O O O O O O O O O O O O		12	ener.	COT	uson	(					
				SECURITY NO.	IS. INFORM	DA DA	,	ADDI	ESS					
		141	210	-36-842	tel	hel kous	xucar	·	cu	4	_			
	19 9	651 X		CAUSE OF DEA	TH			,		N ONSET A				
	DISEASI	F OR CONDITION DIRE	СТІУ	Gunsho	t wound	leof back	Che.	stb						
						3	11.1							
	(This does no	ot mean the mode of dy	ring, e.g.,			UENCE OF:	4396	ney						
			V CIVING	(B)	AS A CONSEC	TIENCE OF								
	RISE TO THE	ABOVE CAUSE (A) STA	TING THE	50E 10, 0K	AS A CONSEC	POLINCE OF								
z	UNDERLYIN	IG CONDITION LAST.		(c)										
은		11												
S														
重					************									
182 1	20A. DATE OF	OPERATION 20B. COI	NDITION FOR WHIC	CH OPERATION W	AS PERFORM	ED		2	I. AUTOPS	Y? (Yes	r Na)			
ူပ	2								3700					
₹	22A. EXTERI	NAL CAUSE WAS	22B. PLAC	E OF INJURY(e.g.,	in or obaut 2	2C. WHERE DID (	If in Baltimore	City, give exact le		11111111	- 04			
Ⅱ음	UNDERLYING		hame, farm					1 0		15-1	06			
₩	22D. TIME		r) (Hour) 22E.IN	HIDY OCCUPPED	2	LOUU BLOCK	IN LO	ngwood Si	reet					
	OF INJURY		,	AT NOT	WHILE									
	(APPROX.) Ju	ine 25,1969 1	:00 Am. WORK	L AT V	VORK K	shot durin	ig alte	rcation						
		ify that I held on I	nauiry   Ins	nection Au	tonsy 🔯	and that on th	is bosis.	death in my on	inion					
	result	red from: Maxural cou	ses Accide	ent C	_									
	ACTUAL	X / Ol	11/	11					D.	ATE SIGI	NED			
		JRE The A	1/lew	M.C	ASSI:	STANT MEDICAL E	XAMINER							
			- 0)		ASSO	CIATE MEDICAL E	XAMINER		5/25/6	9				
			d N. Kornb	1um, M.D.		To a large		10		710				
RE	A. BURIAL CREA MOVAL (Specif	MATION, 24B. DATE	24C. NA	ME of CEMETERY	or CREMATO	1 24D.	LUCATION	(City, town, o	r county)	(Sto	ite)			
	Bun	0 6-32	169 m	+-/11 by	me.	Se. II	WINCH	115	Mus					
25	A. DATE REC'D	BY HEALTH DEPT.	25B. NAME OF	REGISTRAR	25C. J	UNERAL DIRECTO	OR 1	ADD	RESS					
	1111100	1000 000	7 7 1.		2 6	DA TYPE	31.0		in	1	s 11.			
	1111126		E Jaber M	.01	T. CY	ROUGH	ince	0 100	11 Kg	ant	4/10			
VS	151-REV. 1/1/68	Ne	75.1	100 J		/				1				



BIR.	69 - 6462	CERTIFICA	TE OF DEATH	REG. NO.	69 6462
	AME OF DECEASED of or Print) Frederick	W. Gem		24, 1969	630 A
3. F	LACE IN BALTIMORE, MARYLAND, WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If institu	tion: residence before admission
HO	LL NAME OF (IF NOT IN HOSPITAL OR INSTITU SPITAL OR ADDRESS OR LOCATION)	TION, GIVE STREET	Maryland c. CITY OR TOWN		27.49 CITY LIMITS?
0	O 1604 Burnwood Road		Baltimore E. STREET AND NUMBER 1604 Burnw	Ann also dies tiles fins	s 🔣 NO 🗌
5. S	EX 6. RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years   If	Under 1 Yr., If Under 24 Hr.
	M WIDOWED USUAL OCCUPATION (Give kind of work 108, KIND OF	DIVORCED	12/26/1903	tost birthdoy) M	onths Doys Hours Min.  2. CITIZEN OF WHAT COUNTR
Cl	eduring most of working life, even if retired)  11ef Clerk-Eng.Dept. B & FATHER'S NAME	c O. RR	Baltimore, M	d.	U.S.A.
	Harry Edward Gempp		Amelia Schro		
15. 1	Was Deceased Ever in U. S. Armed Forces?	6. SOCIAL	7. INFORMANT	GGUZKI	ADDRESS
Tes	,no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	Mas Wottldo	0 0 0	10ama)
	18.	CAUSE OF DEATH	Mrs. Matilda	G. Gempp	(Same)
	DISEASE OR CONDITION DIRECTLY	My	3	150 5 1	BETWEEN ONSET AND DEA
	LEADING TO DEATH	(A) IMMEDIATE CAUS	CARDIAL I	MFARCAION	1 when
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS A		40000	
	injury or complication which coused death.)	Arteno	derate Hor	4 Dizecto	Cu lour
	ANTECEDENT CAUSES	(B) with	Chrone Conges	twe Facture	COCHOIN.
	DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoting the	DUE TO, OR AS	CONSEQUENCE OF:		
	UNDERLYING CONDITION lost.	(c)	****		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		/		
	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19 A. DATE OF OPERATION 19 B. CONDITION FOR WI WAS PERFORMED	HICH OPERATION	20 A. AUTOPSY? (Yes or No.	20B. IF YES, WERE FIND	INGS CONSIDERED
CERTIFIC	0		No	IN CERTIFIENG CAUSES	OF DEATH?
_	21 A. ACCIDENT WAS UNDERLYING 218, P OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	LACE OF INJURY (e.g., in form, foctory, street, offi	or obout 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If In Boltimore Cit	y, give exoct location)
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E. I	NJURY OCCURRED	21 F. HOW DID INJ	JRY OCCUR?	
2	(APPROX.) While Work	Not While			
	22. I certify that (1) (th <del>is hospital</del> ) attended the	deceased from	MARCH 1	958 to Jun	a 24 1969
	that (I) ( last saw the deceased alive an	6117	19 69 and the	at in(my) <del>(con)</del> apiniar	death accurred an the do
	and haur and from the causes stated above. (1)	(40) (did) ( <del>did not</del> ) vi			
	and place and from the capage stated above. (1)			238	A DATE SIGNED
	23A SIGNATURE	7 14.95	s 1		
		Atten Phys.		Staff Phys.	6/25/69
	North L'Súrgusos	DEGREE Phys.		Staff Phys.	
		DEGREE Phys.	Director -	Phys. 🗀	
	23C-PHYSICIANS NAME (Type)  Dr. Martin L.  BURIAL CREMATION, 124B. DATE  124C. NAME  124C.	DEGREE Phys.	BD. ADDRESS  11 E. Chase	St.	
	23C-PHYSICIAN'S NAME (Type)  Dr. Martin L.  BURIAL CREMATION, 248. DATE 24C. NAM REMOVAL (Specify)	DEGREE Phys.  Singewald DEGREE  ME of CEMETERY OF CREA	Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Direct	St.  CCATION (City, to	6 125 169 own, or county) (Stote)
4A	23C-PHYSICIAN'S NAME (Type)  Dr. Martin L.  BURIAL CREMATION, 248. DATE 24C. NAM REMOVAL (Specify)	Singewald DEGREE ME of CEMETERY of CREA	Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Direct	St.  CCATION (City, to	own, or county) (Stote)
4A	23A SIGNATURE 23C-PHYSICIAN'S NAME (Type)  Dr. Martin L.  BURIAL CREMATION, 24B. DATE 24C. NAM REMOVAL (Specify)  Burial 6/27/69 Dul	Singewald DEGREE ME of CEMETERY of CREA	Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Director  Direct	St.  CCATION (City, to	own, or county) (Stote)  1to.Co. Md.  4905 York Re



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BALTIMORE	CITY	HEALTH	DEPARTMEN	4

DIDTH NO		MED	ICAL	EXAMINER'S	LEK I IF	ICATE	OF DEA	IH REG. NO	)		
	CEASED	H.			2. DATE	Knawn [	Manth	Day	Year	Hour	
(Type or Print)	ME OF DECEASED ADAMS  CAE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  AME OF ADDRESS OR LOCATION)  UNIVERSITY HOSPITAL  T. RACE  MAIL  WIDOWED  DIVORCE  TO BIRTH  10. AGE (In years lost birthdoy)  BALTIMORE, MARYLAND, MERRIED  MONTH DOYN  MIDOWED  DIVORCE  TO F BIRTH  10. AGE (In years lost birthdoy)  BALTIMORE  MIDOWED  DIVORCE  THE OF BIRTH  10. AGE (In years lost birthdoy)  BALTIMORE  MIDOWED  DIVORCE  THE OF BIRTH  10. AGE (In years lost birthdoy)  Months, Doys, Haurs lost birthdoy)  BALTIMORE  MAIL OCCUPATION (Give kind of work)  MAIL OCCUPATION (Give kind of work)  BALTIMORE  MAIL OCCUPATION (Give kind of work)  MONTH (Give kind of Give kind of Give kind of Centry  Months, Doys (Give kind of Centry  MID OCCUPATION  MAIL OCCUPATION  MID OCCUPATION  MAIL OCCUPATION  MONTH (			OF DEATH	Estimoted	□ Jui	ne 24,19	69	6:40	P. M	
4. PLACE IN BAL	AND COMME OF DECEASED OF PRINT)  SAVILLA ADAMS  ACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  UNIVERSITY HOSPITAL  X 7. RACE 8. MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER M			ONOUNCED DEAD	3. DATE		Month	Doy	Year	Hour	
FULL NAME OF HOSPITAL	SAVILLA ADAMS  PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  L NAME OF SPITAL SPITAL SEX  7. RACE  Martinor  White  Widowed  DIVORCE  OATE OF BIRTH  OASE (In years lost birthdoy)  BRITHPLACE (State or foreign country)  Baltimore  What Country  Baltimore  Was DECEASED EVER IN U.S. ARMED FORCES?  I, no or unknown) (If yes, give wor or dotes of service)  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION LAST.  OTHER SIGNIFICANT CONDITION S CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF WHICH OPERATIC  OTHER SIGNIFICANT CONDITION S CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF WHICH OPERATIC  OTHER SIGNIFICANT CONDITION S CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF WHICH OPERATIC  OTHER SIGNIFICANT CONDITION S CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF WHICH OPERATIC  OTHER SIGNIFICANT CONDITION S CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF WHICH OPERATIC  222A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB.  UTING OR CAUSE OF DEATH.  222B. PLACE OF INJURY (APPROX.)  ACCIUAL SIGNATURE EXAMINER'S  ACCIUAL SIGNATURE EXAMINER'S			TUTION, GIVE STREET	PRON	OUNCED DEAL	Jı	une 24,1	969	6:40	P. M
OR INSTITUTION	ADDILL	35 OK 20 OK				RESIDENCE (		lived. if institution		befare odmis	ssion)
38 UNI	VERSITY	HOSPI	TAL		A. STATE	Maryla	nd	B. COUNTY	2.7.	-59	
6. SEX	7. RACE		8. MARRII	ED NEVER MARRIED	C. CITY C			D. INSIDE C	ITY LIMITS?		
Female	White		WIDOWI	ED DIVORCED	В	altimore	.Md.	,	YES 🚾	NO 🗆	
9. DATE OF BIRT	H			If Under 1 Yr. If Under 24 Hrs.							
12/8/19	02	Tosi biringo		l l	161:	2 Kingsw	ay Road	· · · ·			
		n cauntry)	1		13. FATHE	R'S NAME		18.00			
Balti	more.	Md.			And	rew Do	allings	ייי			
14A.USUAL OCCL	JPATION (Give	ekind af work	14B. KIND	OF BUSINESS OR INDUSTRY	Y 15. MOTH	POW DO	NAME				
		en aremedy	Own	n Home	Lau	ra Hacl	cer				
			FORCES?	? 17. SOCIAL	18. INFO			-	ADDRESS		
	,,(,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				BA Jo	hn H.	Adams.	Jr.	(Sam		
19.	12.4	4		CAUSE OF DEA						PPROXIMATE IN	
DISEAS	SE OR COND	ITION DIREC	CTLY	Broncho	pneum	onia sec	ondary t	to arter	ioscle:	rotic	
				(A)IMMEDIATE	CAUSE						
heart failure	e, asthenia, etc.	. It meons the	diseose,			CHRISTOR					
RISE TO TH UNDERLY!	E ABOVE CAI NG CONDITI	USE (A) STATON LAST.	ONTRIBUTI	(c)		SEQUENCE OF:					*******
DISEASE OF	RCONDITION	GIVEN IN PA	ART 1 (A)	riactare							
DATE O	F OPERATION	1 20B. CO	NDITION F	FOR WHICH OPERATION W.	AS PERFOI	RMED				opsy? ( ^{Yes} ) yes	or No)
UNDERLYING	G OR CON	TRIB-	2 H	22B. PLACE OF INJURY(e.g., hame, farm, foctory, street, offic	in or about te bldg., etc.	22C. WHERE INJURY OCC	DID (If in Boltin UR?	nore City, give e			7
OF INJURY			CIEL	WHILE AT NOT	WHILE	22F. HOW DI	D INJURY OC	CUR?			
I cer	1				itopsy 🔀	and that		s, deoth in m			
resul	red from: N	DIUTOI COU	ses M	Accident Suici	de 🗀		CAL EXAMINE				
		hues	11,	Kenthan	1	SISTANT MEDI	CAL EXAMINE	R 🐼	6/	DATE SIG	NED
		nald N	. Kor			SOCIATE MEDI					
		4B. DATE		24C. NAME of CEMETERY	or CREMA	TORY	24D. LOCATIO	(City, to	wn, or county	(Sto	ote)
Burial		5/27/6	59	Stiff Fam	177 (	em.	Middle	sex Cou	inty,	Va.	
25A. DATE REC'D		DEPT.	25B. N/	AME OF REGISTRAR	250	FUNERAL DI	rector ins & S	Sons Co	ADDRESS 490		k B
VS 151-REV. 1/1/6	8				(		CDal	416	11114		



		69 6	AGA BALTIMORE	CITY HEA	ALTH DEPARTMENT		00	0404	
		00 0	CERTIFI	CATE	OF DEATH	REG. NO	69	646	
BIRTH NO.	EACED		OEKTII I	0/112		ND HOUR OF DEAT	LI.		
Type or Print)	EDMA	DTAD IIT	DA I I D Tours						
2 DI A CE INI DAI	DEA.		DA WRIGHT	Пал	JUNE	16th, 196	9	osidones before ad	missis
ERTÎ	FICAT	OSTITAL OR	MENDED	Α.	STATE B. COU	NTY	msmonom, n	7 7. 7	8
HOSPITAL OR	ADDRESS OR	LOCATION)	1-12-70	C. C	Mary land	D. IN	ISIDE CITY L	IMITS?	0
					Baltimore		YES X	NO	
20	517 Harv	and Arre	2011 A	E. :	STREET AND NUMBER				
	71/ 1101	1000 1246	1100		517 Harwood	Avenue			
SEX	6. RACE	7. MARE	RIED NEVER MARRIED	8. D	ATE OF BIRTH	9. AGE (in years lost birthdoy)	If Unde Months	Doys Hours	24 Hr Min.
Female	White	11110 01			June 22, 1886		1410111113	Doy's Trouis	(471110
OA. USUAL OCC	UPATION (Give kind o	f work 10B. KIN	OF BUSINESS OR INDI				12. CITI	ZEN OF WHAT CO	DUNT
	working life, even if rel	lired)							
Homema 3. FATHER'S NA				7.4	MOTHER'S MAIDEN NA	AAF		USA	
MAINER'S NA	IVIE			14.		N/V16			
	Phomac Wri	ght.			Fannie				
5. Was Deceased	Ever in D. S. Arme	d forces?	1 6. SOCIAL SECURITY NO.	17. 1	NFORMANT			ADDRESS	- 1
			SECORITI NO.	1	Personal pa	pers of d	leceas	ed	
18. / / /	7 77 1		CAUSE OF I		Or Dorson Po	7		APPROXIMATE IN	TERVAL
1/10	SE OR CONDITIO	N DIRECTLY						BETWEEN ONSET AN	D DEA
DISEM	LEADING TO DE				cerebro-va	soulan so	of dan	+ 2 30 70	
/This door	nol meon the mod		(A) IMMEDIAT	L CHOSE		POUTAT. 40	croan	o a days	,
	asthenia, etc. It m			OR AS A CO	NSEQUENCE OF:				
injury or con	nplication which co	used deoth.)		thnow	bosis			0 3000	
	ANTECEDENT CA	USES			_			2 days	
	OR CONDITIONS,		•	OR AS A C	ONSEQUENCE OF:				
	e obove cause G CONDITION los		The (a)	A.S.C	.V.D.			several	Tr
ONDERETHIN	•••	110	(0)						- M
Z OTHER SIGNII	II FICANT CONDITIONS	CONTRIBUTI	NC						
TO THE DEA	TH BUT NOT RELATED	TO THE TERMIT							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,					OA. AUTOPSY? (Yes or N	E FINDINGS	CONSIDERED		
WAS PERFORMED					NO. IN CERTIFYING CAUSES			DEATH?	
21A. ACCIDE	NT WAS UNDERLY	NG	21B. PLACE OF INJURY	le.n. in or	hout 21C. WHERE DID	Uf in Boltim	nore City giv	re exact facation)	
OR CONTRIBI	UTING [ ] CAUSE O	F	home, form, foctory, street.	eet, office	oldg., INJURY OCCUR?	(i) in bottin	iore eny, giv	e exect locollon,	
)	medical examiner								
21 D. TIME OF INJURY	(Month) (Doy) (	Yeor) (Hour)	21E. INJURY OCCURRE		21F. HOW DID IN	JURY OCCUR?			
(APPROX.)									
22 1 - 416		-:		77	-11-	19 63 to 6	-16-	10	60
	-		ed the deceased fram.		- 60				69
that (I) (we)	) last saw the dec	eased alive	an 0-10-		and t	hat in (my) (aur) a	pinian dea	th accurred an	the do
ond haur an	d from the causes	stated abov	e. (1) (We) (did) (did r	nat) vlew	the bady after death.				
23A. SIGNATU	JRE /	M	CO					TE SIGNED	
7/	1 for	014	Orte	Attending Phys.	Med. Director	Staff Phys.	6-1	7-69	
23C. PHYSTCIA	AN'S	7-(	DEGREE	-	ADDRESS	.,			
NAME (	Гуре)								
E,E	llsworth C	ook M.			431 Maryland				10.
Lempo Tan	MATION, 248. DAT	I 24	C. NAME OF CEMETERY OF	rk Ma	soleum 24D.	LOCATION	(City, town,	or county)	(Stote)
CROS MACRO			ZH SH WHY WHO			Balth.			
SA. DATE REC'D			ME OF REGISTRAR		SC. FUNERAL DIRECTO	R		ADDRESS	
	JUN26 196	9 Jabes	E ENaiber M.D.	0	Mtchell-Wie	defeld Home	-6500	York Rd.	212
,		-		-					

VS 150-REV. 1/1/68

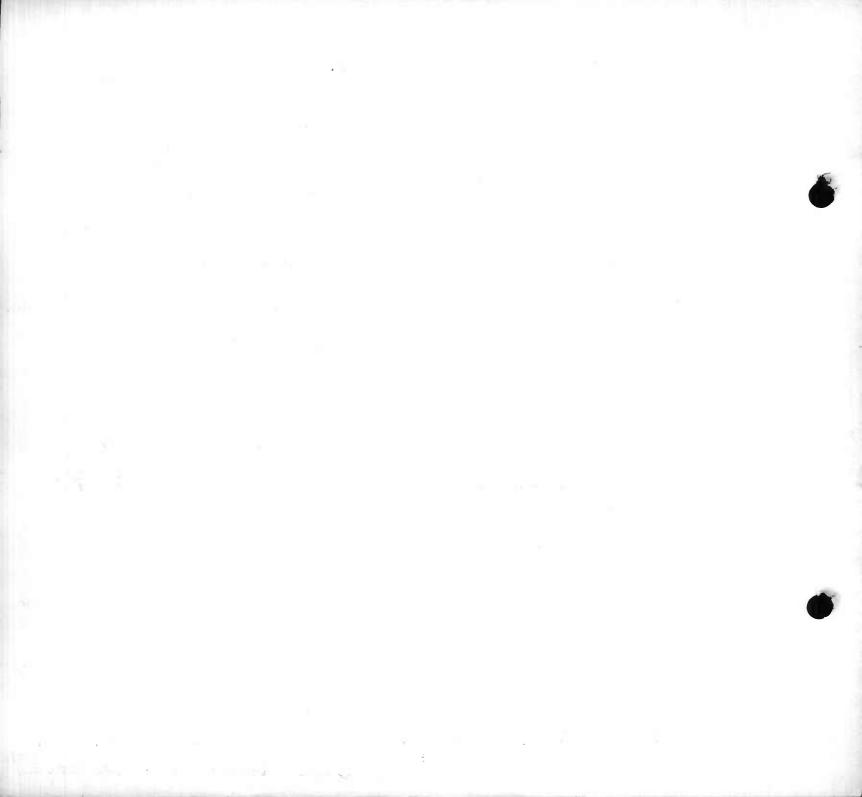
25B, NAME OF REGISTRAR

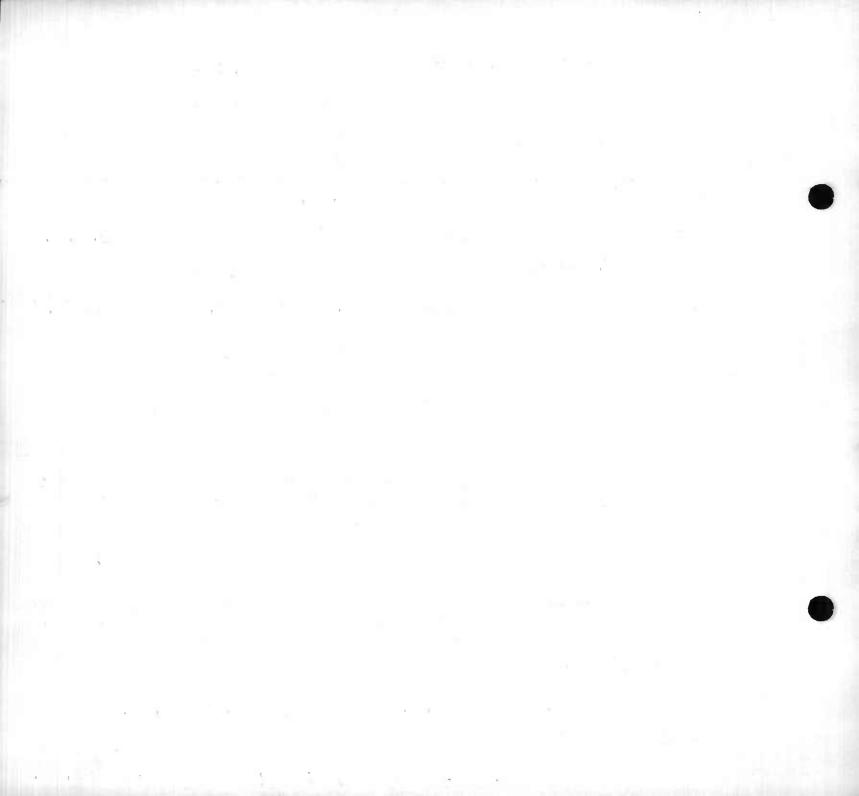
Metropolitan Life Ins. Co. Policy 9049120 issued 10-16-1893 for Edna B. Wright - 7 yrs. old. 1-12-70 M.H.

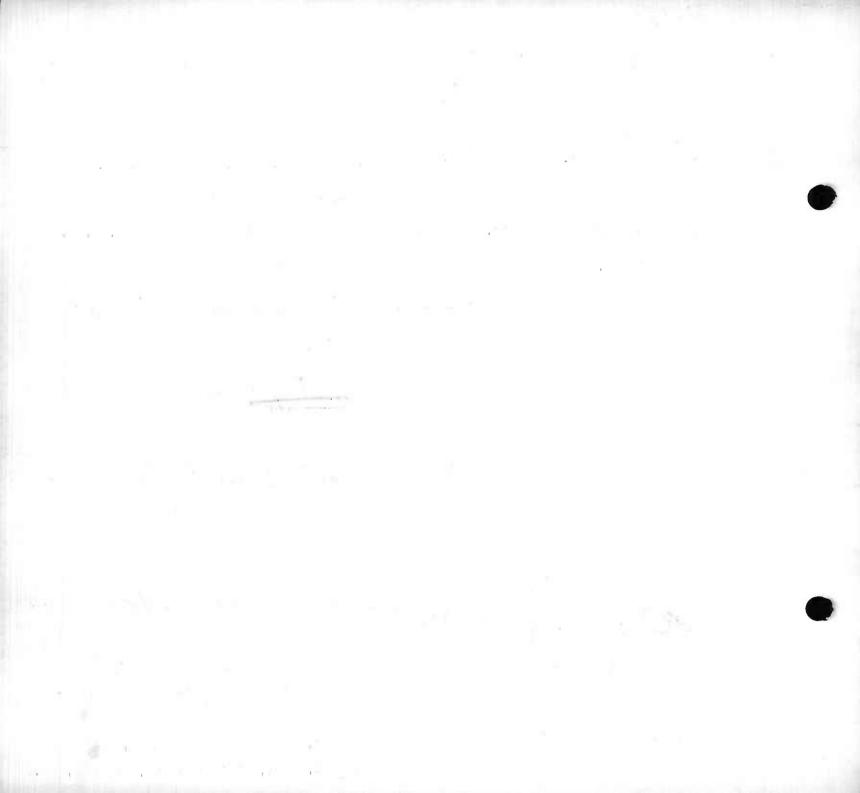
IMPORTANT

DIRECTOR:

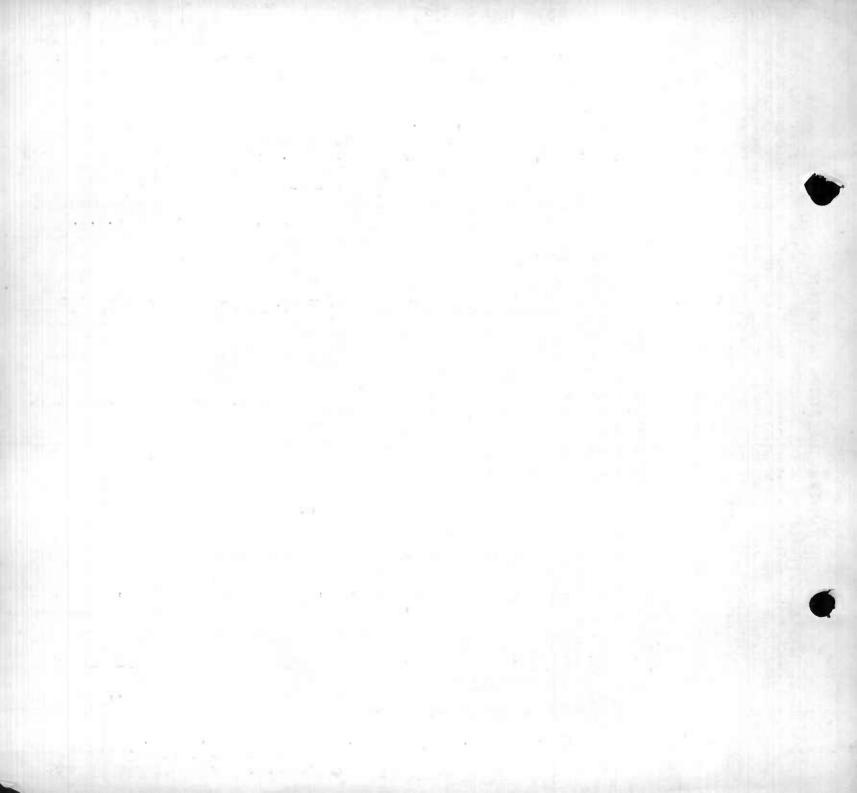
FUNERAL







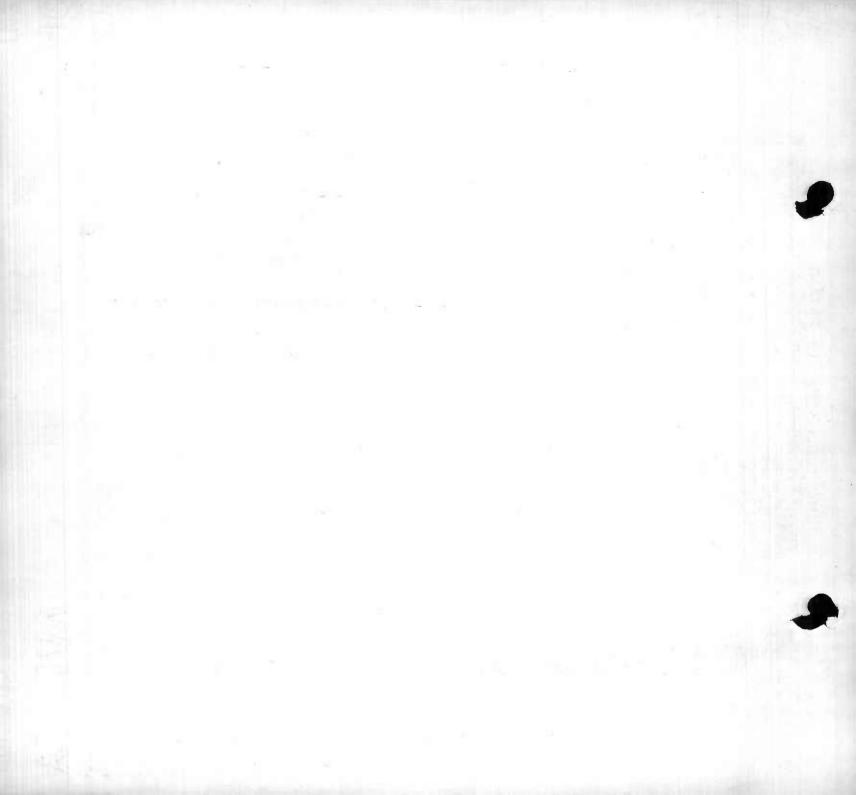
VS 150-REV, 1/1/6B



24A.

1, N	TH NO.			2. DATE	AND HOUR OF DEAT	Н	
	pe or Print)	vander Henr	mr	6_	25-69		3.15 P
3.	PLACE IN BALTIMORE MAR	RYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (V	Where deceased lived. If	institution: residenc	e before admission
			,			15:17	
HC	SPITAL OR ADDRESS	S OR LOCATION)	NSTITUTION, GIVE STREET	Maryland c. CITY OR TOWN	In IN	ISIDE CITY LIMITS?	
IN	STITUTION					YES T	№ П
				Baltimore E. STREET AND NUMBER	?		
Bo	olton Hill Nursi	ing & Conv	alescent Center	3445 Cottag	e Ave. 2121	5	
	SEX 6. RACE	9	RIED NEVER MARRIED	8. DATE OF SIRTH	9. AGE (In years	If Under 1 Yr. Months: Doys	, If Under 24 H
3/	Negro		WED DIVORCED	7-4-1889	lost birthdoy)	Months	Hours Min.
	lale   Negro		D OF BUSINESS OR INDUSTRY			12. CITIZEN O	F WHAT COUNT
don	e during most of working life, eve	en if retired)					
10						US	SA.
13.	FATHER'S NAME			14. MOTHER'S MAIDEN I	NAME		
	Andrew Hen	ry		Mary			
15. (Ye	Was Deceased Ever in U. S. s, no or unknown) (If yes, give	Armed Forces?	ice) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDI	RESS
	No		212-12-7852	Celia Henr	w 3445 Cot	tage Ava	
-	18, // /		CAUSE OF DEAT		, 0110 000		OXIMATE INTERVAL
	/ 90 ac 1/			**			N ONSET AND DEA
					a 1	BETWEE	N UNSET AND DEA
	DISEASE OR COND			01.0	1/1000	BETWEE	N ONSET AND DEA
	LEADING TO	O DEATH	(A) IMMEDIATE CAI	JSE CA of	Ling	BETWEE	Owo,
	LEADING TO	O DEATH made of dying,	e.g., (A) IMMEDIATE CAI	USE CA A	Ling	BETWEE	Owo,
	LEADING TO	DEATH made of dying, It means the dis	e.g., (A)IMMEDIATE CAI DUE TO, OR AS	JSE CA A SEQUENCE OF	Ling	BETWEE	O MO,
	LEADING TO (This does not mean the heart failure, asthenia, etc.	o DEATH made of dying, . It means the disc ch caused death.)	e.g., (A) IMMEDIATE CA DUE TO, OR AS	JSE A CONSEQUENCE OF	Ling		O WW,
	LEADING TO (This does not mean the heart failure, asthenia, etc injury ar camplication whi ANTECEDENT	O DEATH  made af dying,  It means the dis- ch caused death.) T CAUSES	(8)	A CONSEQUENCE OF	Ling	/	OWD,
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7	LEADING TO (This does not mean the heart failure, asthenia, etc injury ar camplication whi ANTECEDENT DISEASES OR CONDITIONS to the above consistency of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the	O DEATH  made af dying, . It means the disch caused death.) T CAUSES  ONS, if any, gause (A) stating	(8)iving DUE TO, OR AS	A CONSEQUENCE OF:	Ling	BETWEE	O WO,
NOI	LEADING TO  (This does not mean the heart failure, asthenia, etc injury ar camplication whi ANTECEDENT  DISEASES OR CONDITION  rise to the above counderLying Condition  (I)  OTHER SIGNIFICANT CONDITION	made of dying, It means the distich caused death.) T CAUSES ONS, if any, gause (A) stating N last.	(8)	A CONSEQUENCE OF:	Ling	BETWEE	O MO,
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BURIAL CREMATION, REMOVAL (Specify) 24D. LOCATION (Stotel 248. DATE 24C, NAME of CEMETERY OF CREMATORY (City, town, or county) 28 1 6-28-6 HEALTH DEPT. JUN 26 1969 relay to superior harles ( 258 NAME OF 8 VS 150-REV. 1/1/68



69 6470 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EVAMINED'S CEDTIEICATE OF DEATH

69	6470

BIRTH NO.	WEL	JICAL E	XAMIINEK 3	CEKIII	ICAT	E OF	DEAT	REG. N	0		
1. NAME OF DE		T IIA MDTV	DAT	2. DATE OF	Knov	wn 🗌	Month	Doy	Yeo	Hour	
(Type of Tring)	JUH	N HAMPTO	N	DEATH	Estin	mated 🗌					М.
4. PLACE IN BA FULL NAME OF HOSPITAL	LTIMORE, MARYLAND, 1 (IF NOT IN HOSPIT ADDRESS OR LOCA		TION, GIVE STREET	3. DATE PRONG	DUNCED	DEAD	June June	23, I	1969	7:30	P. M.
OR INSTITUTION	ictoria Hote:			5. USUAL A. STATE		CE (Where o	dece osed li	B. COUNT		ce before odm	
6. SEX	7. RACE	8. MARRIED	☐ NEVER MARRIED ☐	C. CITY C	RTOWN			D. INSIDE	CITY LIMIT	\$?	
Male	Negro	WIDOWED			Ba1t	timore			YES 🗌	NO	
9. DATE OF BIRT	. lost hirthd	In years If I	Under 1 Yr. If Under 24 Hrs. nths   Days   Haurs   Min.	E. STREET			ltimor	e St.		oria Ho	tel)
11. BIRTHPLACE	(State or fareign country)		CITIZEN OF	13. FATHE	R'S NAM		I C Lino I	C Dt.	(1100	orta no	cci
	ISYLVANÍA. UPATION (Give kind of work		79-10-9240 BUSINESS OR INDUSTR	Unk	-	IDEN NAM	E				
	working life, even ifretired)			Un							
16. WAS DECEAS	SED EVER IN U.S. ARME	D FORCES?	17. SOCIAL	18. INFO					ADDRESS		
(Yes, na ar unknowr	n) (If yes, give war ar dotes	af service)	SECURITY NO.	Mrs		Shann	on 26	526 L	auret	ta Ave	3
19.4/	2.3.		CAUSE OF DEA	TH						APPROXIMATE I	INTERVAL
	SE OR CONDITION DIRE	CTIV	Arteriola	ar scle	erosis	s and	foca1	fibros		ELMEEN OWSEL	AND DEATH
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(This does	not mean the mode of d e, osthenio, etc. It means th	ying, e.g.,	DUE TO, OR	AS A CONSE	QUENCE	OF:					
	implication which caused de					100					
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<u>Ö</u>	11		(0)====================================							-	
O THE DE	NIFICANT CONDITIONS CEATH BUT NOT RELATED TO	THE TERMINA			********						
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0 2										Yes	
UNDERLYIN	RNAL CAUSE WAS G OR CONTRIB- AUSE OF DEATH.	228 han	PLACE OF INJURY (e.g., ne, form, foctory, street, office	in or obout e bldg., etc.)	22C. WH	IERE DID (I	f in Boltima	re City, give	exact lacatio	on)	
≥ 22D. TIME		r) (Hour)	22E.INJURY OCCURRED		22F. HO	W DID INJ	URY OCC	UR?			
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23.			TOTAL CONTRACTOR	TORK							
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EXAMIN NAME (	NER'S Charles	S. Spf	ingate, M.D.	ASS	OCIATE A	MEDICAL EX	CAMINER		June :	24, 196	9
24A. BURIAL CRE REMOVAL (Spec	- th. A		4C. NAME of CEMETERY	or CREMA	TORY	24D. L	OCATION	(City, to	own, ar cau	nty) (St	tote)
Buri	al 6/28,		Mt. Auburn				timo	re. Ma	aryla		
25A. DATE REC'E	BY HEALTH DEPT.	25B. NAM	E OF REGISTRAR	25C	FUNERA	AL DIRECTO	R		ADDRESS		
	JUN26 1969	Robert	E. Jaber KD.	Ch	arle	s A.	Rice	661	N. Ba	rre St	
VS 151-REV. 1/1/6	5B	1			1						

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9 6471 BALTIMORE CITY HEALTH DEPARTMENT

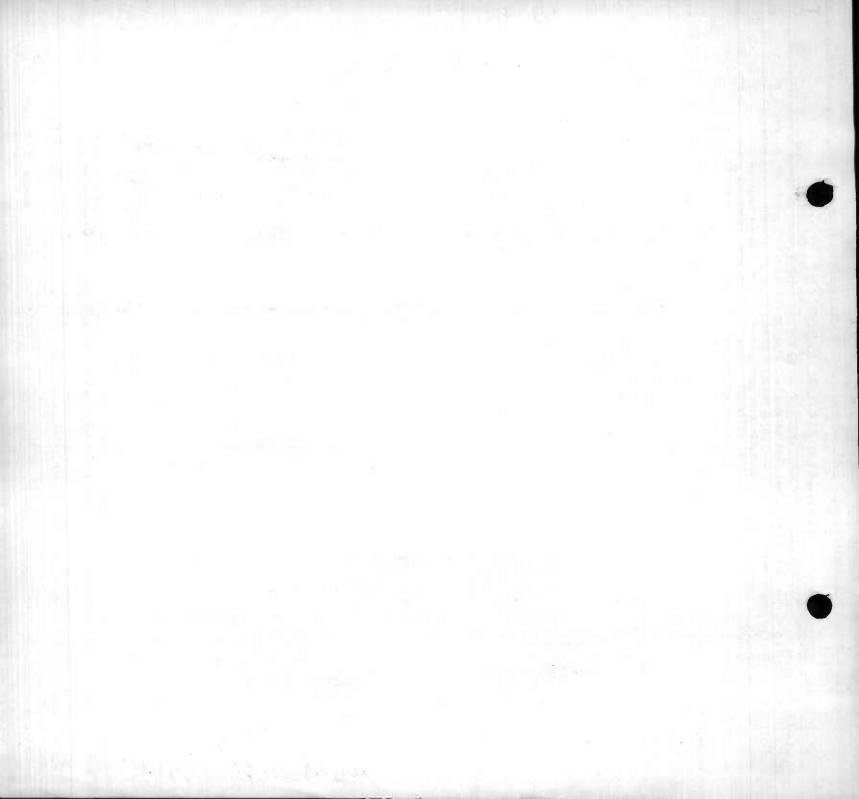
BIRTH NO.	ь	MEDIC	ALE	XAMINER'S	CERTIF	ICATE (	OF DEA	TH REG. NO.	69	6471
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Type or Print)		PHYLLIS	MC C	ORMICK	OF DEATH	Estimated		24, 1	L969	12:05 Pm.
4. PLACE IN BAL FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN		RINSTITUTI	OUNCED DEAD ON, GIVE STREET		OUNCED DEAL	June		Yeor L969	Haur  12:05 Pm. befare odmissian)
42 1	Baltimor	e City	Hospi	ta1	A. STATE	Maryla	10.00	B. COUNTY	i. residence	A - A - A
SEX Female	7. RACE White		-	NEVER MARRIED	C. CITY C	R TOWN	tt City	D. INSIDE CI		
9. DATE OF BIRT		AGE (In year	IDOWED L	DIVORCED L	F STREE	AND NUMBE		Yı	ES 🔲	NOK
8/23/48	lo	20 st biethdoy)	Man	ths Doys Haurs Min			rittany	Drive		
Marylar		country)		WHAT COUNTRY?		er's NAME ott Snyd	er			
fane during most of v	vorking life, even	nd of wark 14B. if retired)	KIND OF	BUSINESS OR INDUSTR		en's maiden				
HOUSEWII 6. WAS DECEAS Yes, na ar unknawn)	ED EVER IN U.S			17. SOCIAL SECURITY NO.	18. INFO	RMANT			DDRESS	Ellicott
luo.				CAUSE OF DEA		Scott Sn	yder, 44	13 Britt		PPROXIMATE INTERVAL
DISEASES OR RISE TO THE UNDERLYIN  OTHER SIGN TO THE DEV	ot meon the mo, asthenia, etc. It in plication which of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of t	meons the discoused deoth.)  USES  IS, IF ANY, GI  (A) STATING N LAST.  ITIONS CONT LATED TO THE	VING G THE	(B) DUE TO, OF	AS A CONS	Ktensive QUENCE OF:				
20A. DATE OF	POPERATION	20B. CONDI	TION FOR	WHICH OPERATION V	AS PERFO	RMED			21. AUTO	Yes or No)
UNDERLYING UTING ☐ CA  220. TIME OF INJURY	NAL CAUSE WAR OF CONTRIBUTE OF DEATH	(Year)	(Hour) 2	PLACE OF INJURY(e.g., farm, factory, street, aff field 2E.INJURY OCCURRED	ce bldg., etc.	Autumn	UR?	ad, Ellic		ity 63-60
	URE W	ural couses	oiry A	Inspection A	D. AS	ond that	Undeter	s, deoth in my mined manner [ R X		DATE SIGNED
NAME (1	Type) Gna	TIES S.		ngate, M.D.			24D. LOCATIO	JU	n, or caunty	, 1969
REMOVAL (Speci	ify)				L	The said		tsville,		
Burial 25A. DATE REC'D	BY HEALTH DE			Crestlawn OF REGISTRAR		FUNERAL DI	RECTOR		DDRESS	200
	IIIN 9	1969	Twoch	E. Farber M.	2	Harry	Howitz	ke, Elli	cottÇi	ty, Md.
/S 151-REV. 1/1/68	NO COLOR	19.V	9	5 7 0		) 11 0	6,0			043

end of the Canadaper -ma 

	BALTIMORE CERTIFI	CATE OF DEATH REG. NO. 60	CADO
11.3	NAME OF DECEASED	2. DATE AND HOUR OF DEATH	0116
1	EARSON, DELMAS ORVILLE	JUNE 25, 1969	3:10 A.M.
- 11	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II institution: residence of the state of	dence belore odmission)
Pt Hi	ST AGNES HOSPITAL  OSPITAL OR INSTITUTION, GIVE STREET  ADDRESS OF LOCATION)	MARYLAND 28	-34
	VILKENS & CATON AVENUES	C. CITY OR TOWN  BALTIMORE  D. INSIDE CITY LIMI  YES [X]	
4	0	E. STREET AND NUMBER	№ □
	SALTIMORE MARYLAND 21229	5013 WEST HILLS ROAD	
	SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	d d d o	Yr. If Under 24 Hrs. ays Haurs Min.
(0/	A. USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDU		N OF WHAT COUNTRY?
F	alesman	VIRGINIA	۸2
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	3A
	Robert Pearson	Mary	`
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknawn! (If yes, giva war or dates of service! SECURITY NO.	17. INFORMANT RECORD S BALTIMO	PPRESSID 21229
N	0 213-10-43	66 ST AGNES HOSPITAL WILKENS	& CATON AVE
	18. CAUSE OF D	EATH	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		WEEN ONSET AND DEATH
	This does not mean the mode of dying, e.g., (A)IMMEDIATE	CAUSE Myocardial Tufarction RAS A CONSEQUENCE OF:	
	heart failure, asthenia, etc. Il means the disease, injury ar complication which caused deoth.)	A CONSEQUENCE OF	
	ANTECEDENT CAUSES	Manuary Edoma	
	DISEASES OR CONDITIONS, if any, giving DUE TO, O	R AS A CONSEQUENCE OF:	
	nise to the above couse (A) stating the UNDERLYING CONDITION last. (C)	betes dellitus -	
_	11		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	lack anemia -	
ICA	DISEASE OR CONDITION GIVEN IN PART 1 (A), 19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CO	ANSIDERED.
ERTIFIC,	WAS PERFORMED	YES IN CERTIFYING CAUSES OF DEA	ATH?
O	OR CONTRIBUTING! [CAUSE OF   home, form, foctory, street	ag, in or obout 21 C. WHERE DID (If in Baltimore City, give e. In Juny OCCUR?	xoct locotion)
<u>ح</u>	DEATH (notify medical exominer) etc.)		
MEDI	21D. TIME (Month) (Day) (Year) (Haur) 21E FNJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	22. I certify that (X) (this hospital) attended the deceased from	JUNE 24, 19 69 to JUNE 25,	19.69
ı	that (N (we) last saw the deceased alive an JUNE 25	19_69and that in (my) (our) opinion death a	occurred on the dote
	and hour and from the causes stated above. (1) (We) (did) (XIX X	No view the body after death.	
	23A, SIGNATURE	Attending Med. Shoff S	
	23C.PHYSICIAN'S DEGREE	Phys. Director Phys. 2	5 69
	23C. PHYSICIAN'S NAME (Typel	23D. ADDRESS BALTIMORE	MD 21229
24 A	Salvadof Quiroz  BURIAL CREMATION, 248, DATE   24C, NAME of CEMETERY OF	SAREE ST AGNES HOSPITAL WILKENS &	CATON AVE
Ι.	REMOVAL (Specify)	tony, taking all be	ounty[ (State)
	Burial 6/28/69 Loudon Park Con Date REC'D BY HEALTH DEPT. 1258. NAME OF REGISTRAR	Baltimore, Maryland 25C. FUNERAL DIRECTOR	ADDRESS
	111N26 1969 - 2 Faller M.D.	Witche 410 Edmondson Ave.,	21229
V\$	150-REV. 1/1/68		

FUNERAL DIRECTOR: IMPORTANT

VS 150-REV. 1/1/6B

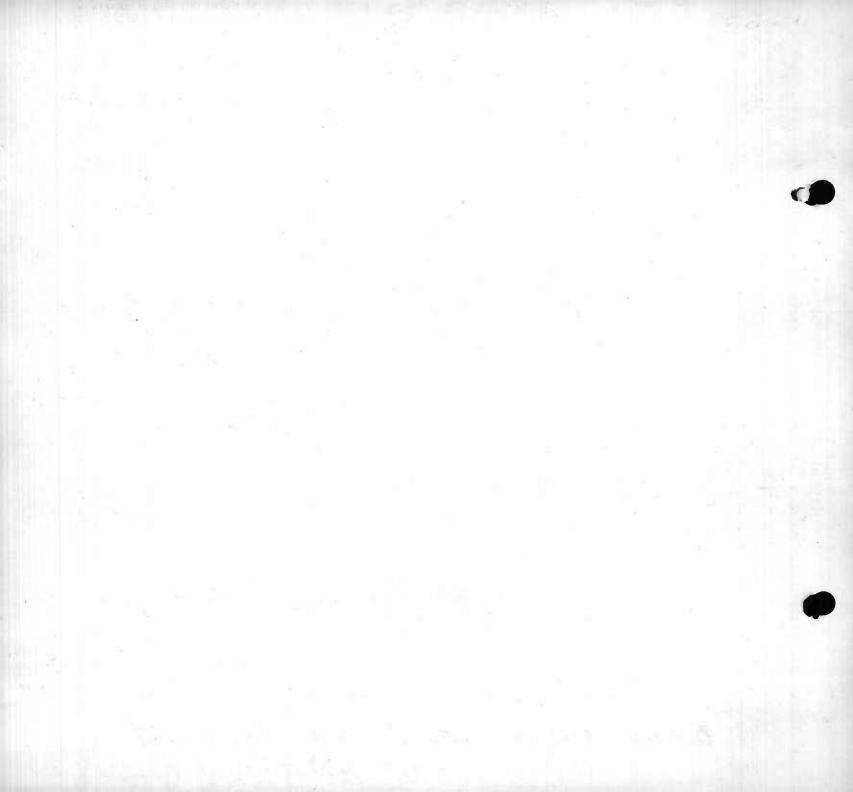


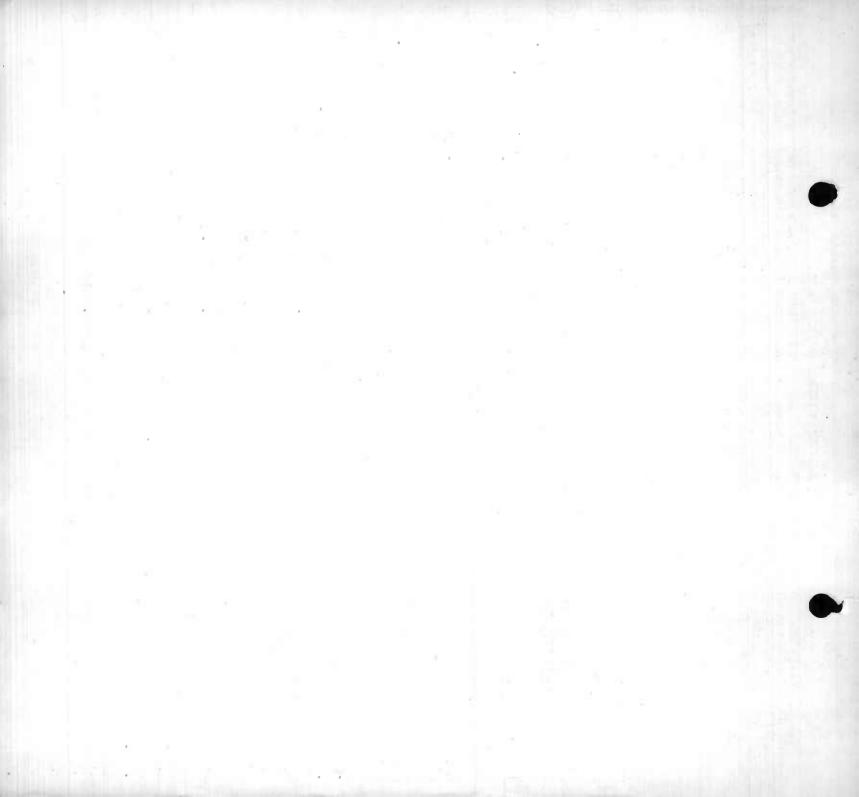
IMPORTANT

DIRECTOR:

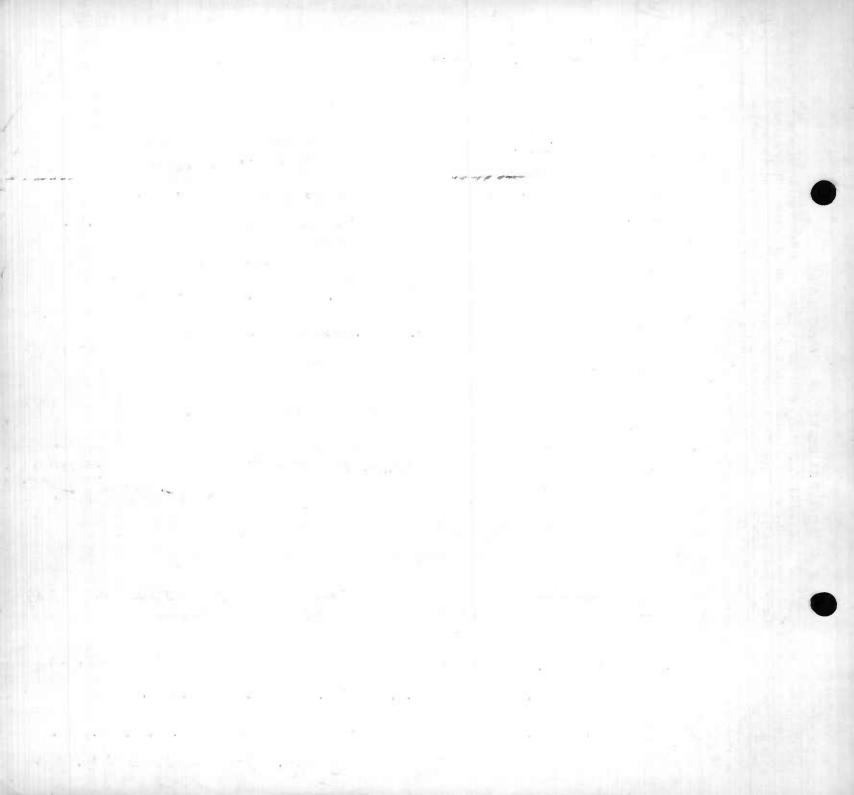
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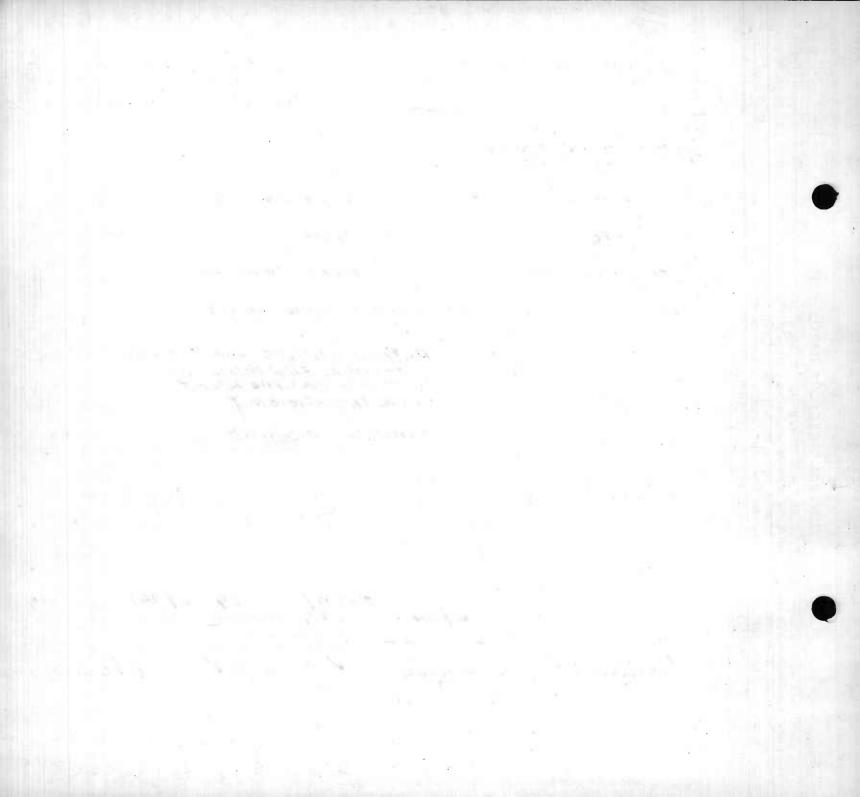
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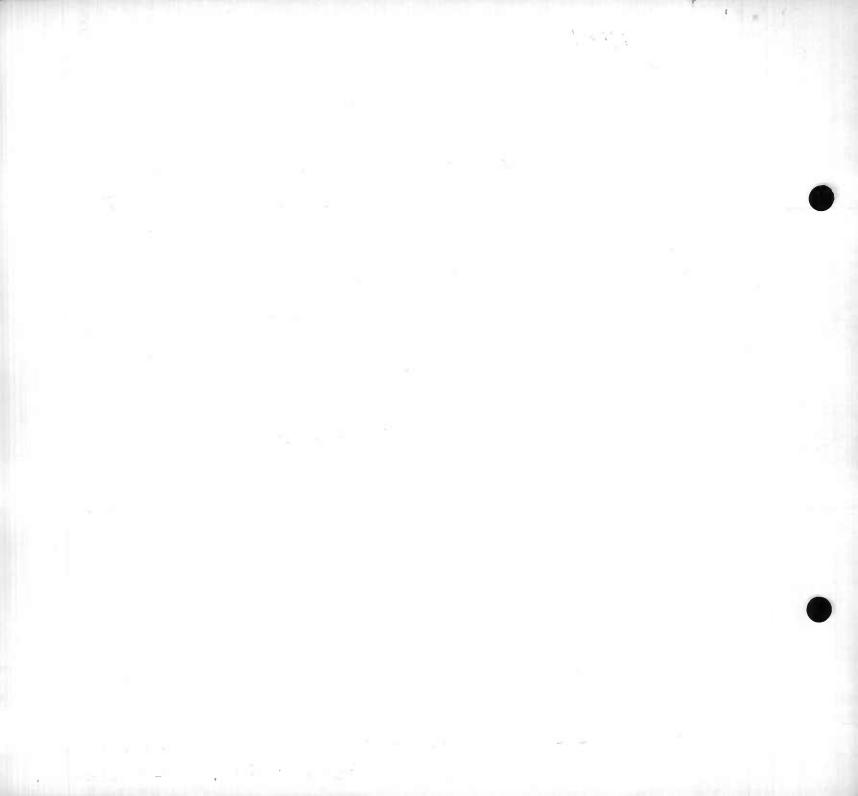
	AME OF DECI e or Print)	Margaret	M. McC	ormick		B 19, 1969	6:00 A
3. P	LACE IN BALT	IMORE MARYLAND, W			4. USUAL RESIDENCE (Who	ere deceased lived. If in:	stitution; residence before odmission
FUL	L NAME OF SPITAL OR TITUTION	(IF NOT IN HOSPIT ADDRESS OF LOCA	AL OR INSTITUT ATION)		Maryland  c. CITY OR TOWN Baltimore  E. STREET AND NUMBER 3600 Ninth S	D. INSII	DE CITY LIMITS? YES NO
5. SI	EX	6. RACE	7. MADDIED T	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr If Under 24 H
1	Female	White	WIDOWED		May 28, 1895	ost bigthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
tOA.	USUAL OCCL			BUSINESS OR INDUSTRY	Y 11. BIRTHPLACE (Stote or form	eign country)	12. CITIZEN OF WHAT COUNT
13. F	ATHER'S NAM	A E			14. MOTHER'S MAIDEN NA	ME	1
	.Tamas	Duffy			Barbara Mc	Gowen	
	Vos Deceosed	Ever in U. S. Armed For (If yes, give wor or dote		6. SOCIAL SECURITY NO.	17. INFORMANT Mr. James H		Address Same
	injury or com	asthenia, etc. II means plicolian which coused	death.)	DUE TO, OK AS	A CONSEQUENCE OF:		
7	DISEASES Onise to the UNDERLYING	plicotion which coused INTECEDENT CAUSES  R CONDITIONS, if abave cause (A) CONDITION last.	death.) any, giving stating the	(B) DUE TO, OR AS	S A CONSEQUENCE OF:		
ATIC	DISEASES OF THE RESIDENCE OF THE SEGNIFIC TO THE DEATH DISEASE OR CO	plicotion which coused NTECEDENT CAUSES  R CONDITIONS, if abave cause (A) CONDITION last.	any, giving stating the NTRIBUTING HE TERMINAL RT. (AL).	(B)(C)	S A CONSEQUENCE OF:  BETES MELLIT  20A. AUTOPSY? (Yes or N	US	15 4 EARS
CERTIFICATION	DISEASES OF THE RESIDENCE OF THE SIGNIFITO THE DEAT TO	R CONDITIONS, if abave cause (A) CONDITION last.  CONDITION last.  CANT CONDITIONS CO H BUT NOT RELATED TO TO TO TO TO TO TO TO TO TO TO TO TO	any, giving slaling the NTRIBUTING HE TERMINAL RT 1 (A).	(B)	S A CONSEQUENCE OF:  BETES MELLIT  20A. AUTOPSY? (Yes or N NO in or obout 21C. WHERE DID	O) 208. IF YES, WERE F	FINDINGS CONSIDERED
CAL CERTIFICATION	DISEASES OF THE RESIDENCE OF THE PROPERTY OF THE DEATH DISEASE OF COLUMN OF CONTRIBU	Plicotion which coused INTECEDENT CAUSES R CONDITIONS, if abave cause (A) CONDITION last.	any, giving slaling the NTRIBUTING HE TERMINAL RT 1 (A).	(B)	S A CONSEQUENCE OF:  BETES MELLIT  20 A. AUTOPSY? (Yes or N	O) 208. IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH?
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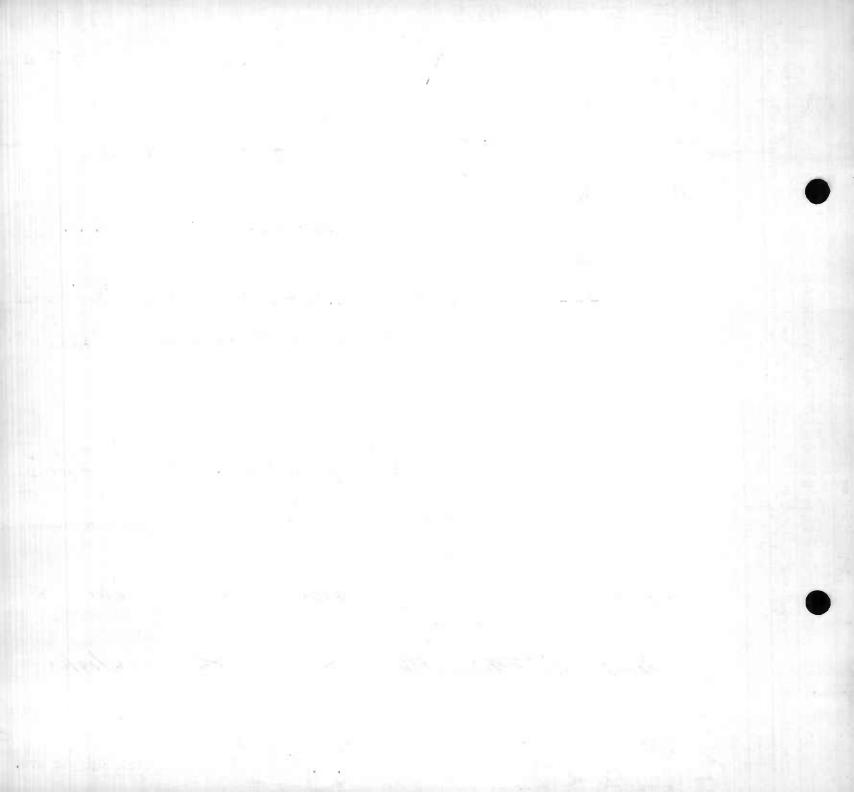


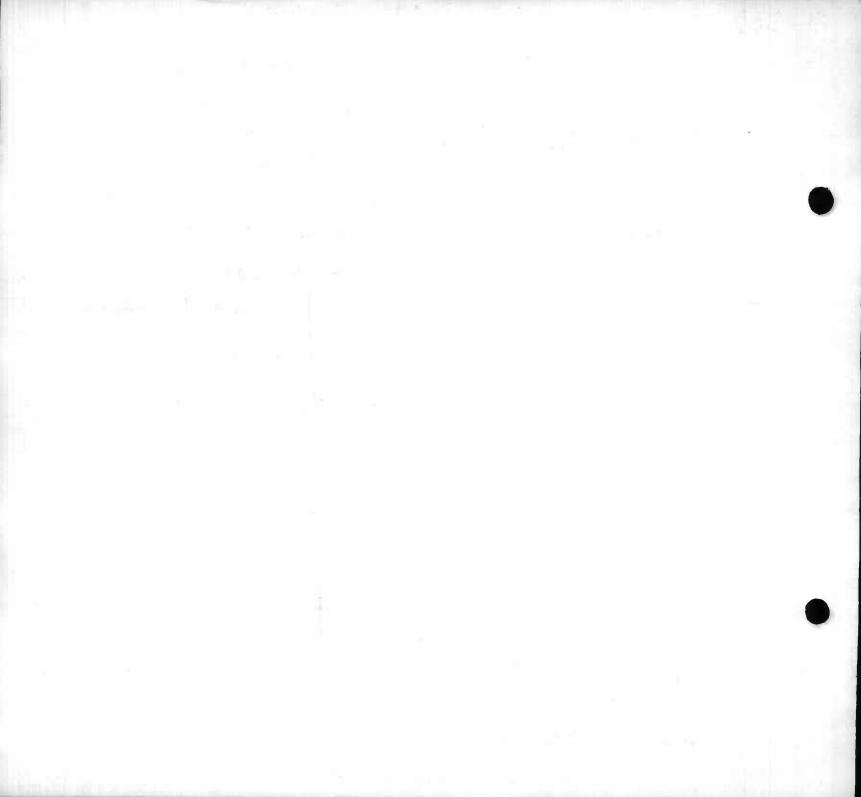
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	Mill 110. V / 1/ / / /	CATE OF DEATH REG. NO. 69 6478
	Sype of Print 60 CHARIES FUED	2. DATE AND HOUR OF DEATH 30
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE IWhere deceased lived, Il institution; residence before admis
HO	CULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	md Gen. Hosp.	E. STREET AND NUMBER  3602 Sollers Point Rd 212
1	SEX 6. RACE 7. MARRIED NEVER MARRIED NOVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. II Under 24 Months Days Hours Mi
don	DA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	LEO CHARLES EVERD	DElila Johns
15. (Yo	os, no or unknown) (If yos, give wor or dotos of sorvice) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
		Mother SAME
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Baltimore   Maryland   U.S.A.		M WIDOWED DIVORCED	5 JUL 1906 lost birthday 62 Months Do	oys Hours Min.
John Frederick List  5. Wos Decessed Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of service)  NO		e during most of working life, even if retired)	Baltimore, Maryland U	
18.  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., head failure, asthenia, etc. II means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving isse to the obove cause (A) stoling the UNDERLYING CONDITION lost.  OTHER SIGNIFICANI CONDITION S CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  OTHER SIGNIFICANI CONDITION FOR WHICH OPERATION  179A. DATE OF OPERATION  179A. DATE OF OPERATION  179A. DATE OF OPERATION  179B. CONDITION FOR WHICH OPERATION  179A. DATE OF OPERATION  179B. CONDITION FOR WHICH OPERATION  179B. CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  179A. DATE OF OPERATION  179B. CONDITION FOR WHICH OPERATION  179B. CONTRIBUTING CONDITION FOR WHICH OPERATION  179B. CONTRIBUTING CONDITION FOR WHICH OPERATION  179B. CONTRIBUTING CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  179B. CONTRIBUTING CAUSES OF DEATH?  179B. CONTRIBUTING CAUSES OF DEATH?  179B. TO THE OPERATION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  179B. CONTRIBUTING CAUSE OF DEATH?  179B. CONTRIBUTING CAUSE OF DEATH?  179B. TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  179B. CONTRIBUTING CAUSE OF DEATH?  179B. TO THE OPERATION TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION  179B. CONTRIBUTING CAUSE OF DEATH?  179B. TO THE OPERATION TO THE TERMINAL DISEASE OR TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION  179B. CONTRIBUTING CAUSE OF DEATH?  179B. TO THE OPERATION TO THE TERMINAL DISEASE OR TO THE TERMINAL DISEASE OR TO CONDITION FOR WHICH OPERATION  179B. CONTRIBUTING CAUSE OF DEATH?  179B. TO THE OPERATION TO THE TERMINAL DISEASE OR TO CONDITION FOR WHICH OPERATION  179B. TO THE OPERATION TO THE TERMINAL DISEASE OR TO CONDITION FOR WHICH OPERATION  179B. TO THE OPERATION TO THE TERMINAL DISEASE OR TO THE TERMINAL DISEASE OR TO THE TERMINAL DISEASE OR TO CONDITION FOR WHICH OPERATION	13.			
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DISEASE OR CONDITION GIVEN IN PART   (A).  19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED   WAS PERFORMED   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID   NJURY OCCUR?   (If In Boltimore City, give exact location)   21D. TIME (Month) (Doy) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?   (APPROX.)   While At   Not While   Not Work   Not Wo	NOIT	DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION tast.  (B) DUE TO, OR A (C)	F	2 years 2 years
21D. TIME OF INJURY (APPROX.)  While At Not While At Work  22. I certify that (1) (this haspital) attended the deceased from 19. and that In(my) (aur) opinion deoth occurred on the	AL CERTIFIC	19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   WAS PERFORMED   21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g. or contributing   CAUSE OF   home) form, foctory, siteet,	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CO. IN CERTIFYING CAUSES OF DEA.	ATH?
22. I certify that (1) this haspital) attended the deceosed from 6/24 19 65 ta 6/24 1965 that (1) (we) last sow the deceased alive on 19 and that In(my) (aur) opinion deoth occurred on the	MEDIC	OF INJURY While At Not W	hile 🗀	
23A. SIGNATURE  Stanfal Attending Phys.  Attending Phys.  Attending Phys.  Attending Phys.  Attending Phys.  Attending Phys.  Attending Phys.  6/24/6 (		that (I) (we) last sow the deceased alive on	19 and that In(my) (aur) opinion deoth of view the body after deoth.	occurred on the do





IMPORTANT

DIRECTOR:

FUNERAL

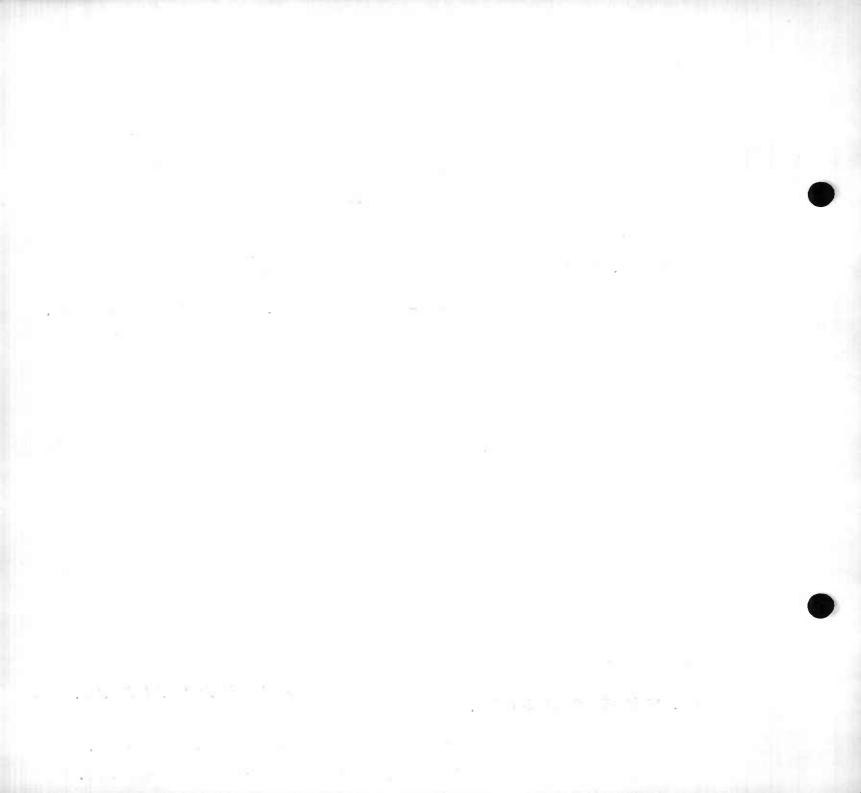
will be the best with the best war to The second second

2-	526	BIRTH NO. 69.12149 6482 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 69 6482
	an leat ase ase Th	1. NAME OF DECEASED
	Dec of	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, II institution; residence before admission)
	cause cause use; (5) endanc to dec	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ASTATE B. COUNTY MARYLAND  C. CITY OR TOWN  THE JOHNS HOPKINS HOSPITAL  A. STATE B. COUNTY MARYLAND  C. CITY OR TOWN  BALTIMORE  YES NO
	D.= L .	E. STREET AND NUMBER  323 E. 23RD ST.
	ibu ibu	5. SEX 6. RACE 7. MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER NEVER MARRIED NEVER MARRIED NEVER NEVER NEVER NEVER NE
	occurrec ontributi ermined regular eased pr	FEMALE NEGRO WIDOWED DIVORCED 6-25-69 OST DIFFINOUS Hours Min.
	death occurre t or contribut Undetermined as in regular e deceased p	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or loreign country)  12. CITIZEN OF WHAT COUNTRY?
1	if (4) (4) th dispose	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  SHIRLEY JOHNSON
RTAN	sista the kind deat deat	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or doles of service)  16. SOCIAL SECURITY NO.
FUNERAL DIRECTOR: IMPORTANI	y the chief medical examiner or his a ital by a medical examiner. Also, if e; (2) Body burns; (3) A fracture of any there the physician who pronounced No physician was in regular attendate before the remains are embalmed or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart loilure, asthenia, etc. II means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, il any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION last.  (C)  OTHER SIGNIFICANT CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID IN CERTIFYING CAUSES OF DEATH?  21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID INJURY OCCUR?  21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While AL
	ficate must be approved was released to the An accident of any reasons at a hospital (exceprior to death); and pproval must be obtained.	While At Work   Not While   No
	. 4 5 0 2	Cremation 6/25/69 The Johns Hopkins Hosp. 601 N. Broadway, Balto., Md.
	This the laborated was dece	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DISPOSAL ADDRESS HOSPITAL DISPOSAL
		VS 150-REV. 1/1/6B





69	6484 BALTIMORE CIT	Y HEALTH DEPARTMENT		CO CAOA
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	69 6484
1. NAME OF DECEASED			D HOUR OF DEAT	
IType or Time	-			
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	III USUAL PESIDENCE (WI	-25- 69	1 10:30 A
The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	TROMOGRACIO DIAD	A. STATE B. COUN	TY deceased lived. II	institution: residence belore admission
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION	R INSTITUTION, GIVE STREET	Maryland		13-48
INSTITUTION	,	C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
44		Baltimor	e,	YES NO
13	1	E. STREET AND NUMBER		
Union Memoria	I MOSD.	3813 Cm	trop	Ave
5. SEX 6. RACE 7. M	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE IIn years	If Under 1 Yr. , If Under 24 Hrs
Female In hite WII	DOWED DIVORCED	2-112:00	lost birthdoyl	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B.	KIND OF BUSINESS OF INDUSTRY	2-10'99	.70	
doug during most of working life, even it felited)		The state of loter	gn country)	12. CITIZEN OF WHAT COUNTR
Housewife		Marylas	- 1	1200
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAA	AE T	0 3.4
Roger F. Williams		Al	inie Lucr	etia Armiger
5. Was Decoased Even in U. S. Amed Formal	16. SOCIAL	17. INFORMANT	CXIXIXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
(Tes, no or unknown) (If yes, give war or dotes of	ervice) SECURITY NO.	INFORMANT	3	ADDRESS
No	215-22-128	Dennis K.C.	1st-3818	Conduit Ave.
18. 4	CAUSE OF DEAT	H		ARRONIA ATE INTERVAL
DISEASE OR CONDITION DIRECTL	Y	SE Subarachna		SETWEEN ONSET AND DEATH
LEADING TO DEATH		Subarachna	d hemore	roge
(This does not mean the made of dying	(A) IMMEDIATE CAL	A CONSEQUENCE OF:		
heart failure, asthenia, etc. It means the c injury or complication which caused death		A CONSEQUENCE OF:		
ANTECEDENT CAUSES	b			
	(B)			
DISEASES OR CONDITIONS, if any, rise to the above cause (A) statis	giving DUE TO, OR AS	A CONSEQUENCE OF:	. 0 1	0
UNDERLYING CONDITION last.	(c)	enocurer conone	vescurat ou	sense 2 11
	(-/	**************************		
OTHER SIGNIFICANT CONDITIONS CONTRIB	IIING			
TO THE DEATH BUT NOT RELATED TO THE TER DISEASE OR CONDITION GIVEN IN PART 1 (A)	MINIAL			
194. DATE OF OPERATION 198. CONDITION	FOR WHICH OPERATION	20A. ALITOPSYZ IYAS OF NON	208 IS VEC MEN	FINAL CO. CO. NO. CO. CO. CO. CO. CO. CO. CO. CO. CO. C
WAS PERFORME	D	20A. AUTOPSY? IYes or No!	IN CERTIFYING CA	USES OF DEATH?
	21B, PLACE OF INJURY le.g., in	(5)		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	home, form, fectory, street, of	ico bidg., INJURY OCCUR?	(It In Baltima	re City, give exoct location)
) [	otc.)			
21 D. TIME (Month) (Doy) (Year) (Hou	# 21E, INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
E IAPPROX.)	While AI Not While			
22 1 24 16 16 10 10 10	Work At Work			
22. I certify that-(1) (this hospital) atte	•		6710	6-25 1969
that (1) (we) last saw the deceased all	e an 6-25	19.69 and that	In (my)- (aur) apl	nian death accurred an the date
and hour and from the causes stated ab	ave. (1) (We) (did) (did not) vi	ew the hady after death		
23A. SUGNATURE		on the body effet deglin.		238, DATE SIGNED
X+0) 701	) After	ding Med. S	toff (C)	
COSC PHYSICIANAS	DEGREE Phys	Director L P	hys.	6-25-69
23C. PHYSICIANS NAME (Type)	-	3D. ADDRESS UNION	MEM, HOSP	.BALTO.MD. 21218
DR. STEPHEN GOLDBER	G MD.	Mo Me	1	1d 000 0
	24C. NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION (C)	ity, fown, or county) (Stote)
				The state of coolings (Stole)
10/40/0/	Woodlawn Cemete	ry Balt	imore,	Md.
SA. DATE REC'D BY HEALTH DEPT. 258, N	Woodlawn Cemete	25C. FUNERAL DIRECTOR		Md .
25A. DATE REC'D BY HEALTH DEPT. 25B. N	Woodlawn Cemete	25C. FUNERAL DIRECTOR, Ann Donovan		Md .



## 69 6485 BALTIMORE CITY HEALTH DEPARTMENT

69 6485	6485
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BIRTH NO.	LEKTIFICATE OF DEATH REG. NO.
1. NAME OF DECEASED (Type or Print) ROSA JOHNSON	2. DATE Known & Month Doy Year Hour OF DEATH Estimated June 25, 1969
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	June 25, 1969 3:30 P _{eM} .  5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
00 129 West Hill Street	A. STATE Maryland B. COUNTY 22-0
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female Negro WIDOWED DIVORCED	Baltimore VES X NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths, Days, Haurs, Min.	129 West Hill Street
11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?	2000 PATIBRES ON
JAA. USIAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY	Y 15. MOTHER'S MAIDEN NAME
To. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ar unknown) (If yes, give war or dates of service)  17. SOCIAL SECURITY NO.	18. INFORMANY ADDRESS.
19. CAUSE OF DEA	
DISEASE OR CONDITION DIRECTLY Hyperten.	sive and arteriosclerotic
LEADING TO DEATH	CAUSE cardiovascular disease
(This does not mean the made of dying, e.g., heart foilure, osthenia, etc. It means the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W/	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No)
	No
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22B. PLACE OF INJURY (e.g., in or obout location)  22C. WHERE DID (if in Boltimore City, give exoct location)  INJURY OCCUR?	
22D. TIME (Month) (Day) (Year) (Haur) 22E.INJURY OCCURRED OF INJURY (APPROX.)  m. WORK NOT WHILE AT WORK	
23.  I certify that I held on Inquiry Inspection Autopsy ond that on this basis, death in my opinion	
resulted from: Notural couses A Acatelent Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED	
SIGNATURE CLASSIC M.D.	ASSISTANT MEDICAL EXAMINER
EXAMINER'S NAME (Type) Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER  June 26, 1969
24A. BURIAL CREMATION, 24B. DATE, 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOGATION (City town, or county) (State)
JUN 2 6 1369 Tober & Tarben M.D.	25C. FUNERAL DIRECTOR ADDRESS 38 MM.
VS 151-REV. 1/1/6B	St

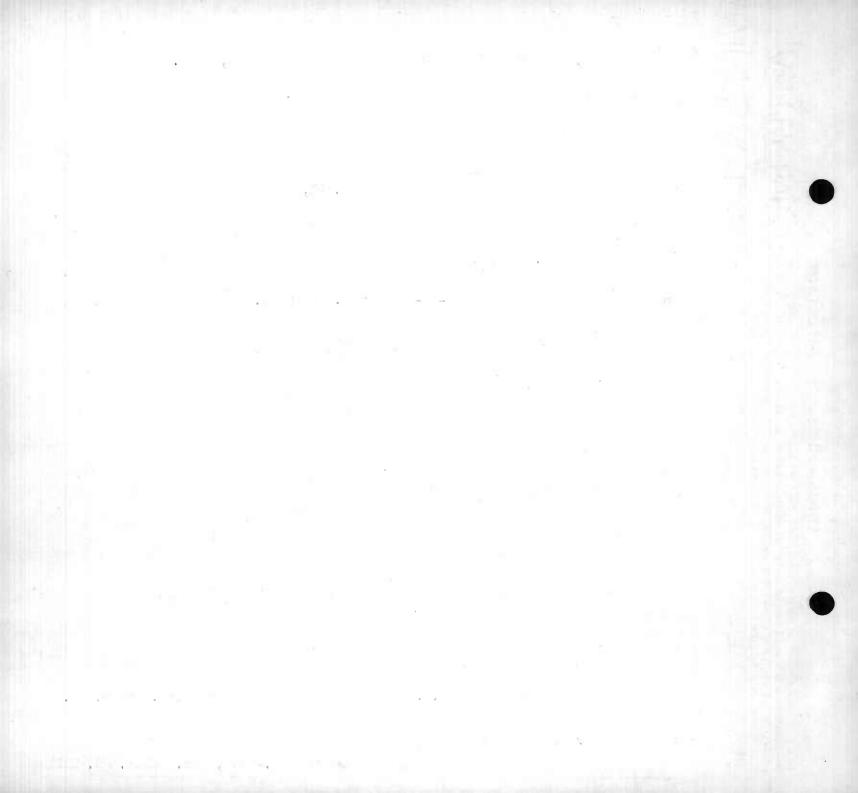
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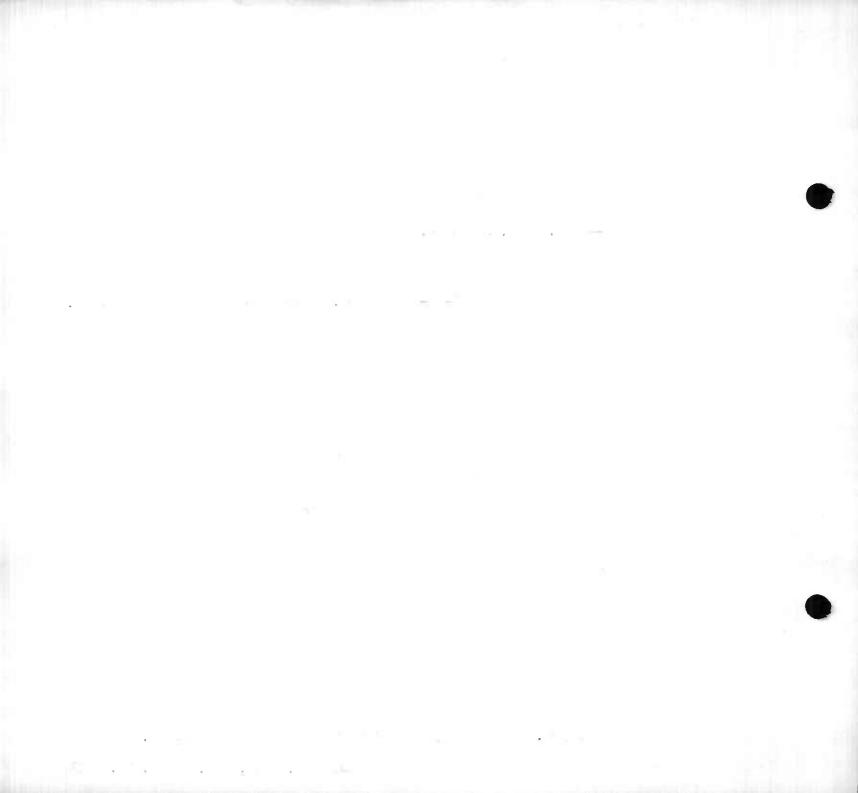
PO	17			HEALTH DEPARTMENT		CO CAOP
X-2	69	648	CERTIFICA	TE OF DEATH	REG. NO	69 6487
RTH NO.		910				
ype or Print)		-			AND HOUR OF DEATH	Н
ype or runn	John	Frederi	ck Rueckert	June	24, 1969.	
PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD			institution: residence before admissio
ULL NAME OF			UTION, GIVE STREET	A. STATE B. COL		2.7.43
OSPITAL OR	ADDRESS OR LOCA	(NOITA		C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
-				Baltimore		YES TO NO
00	5019 Harfo	rd Road		E. STREET AND NUMBER	5019 Harf	ord Road
SEX	6. RACE	7. ALADRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 H
Male	White	WIDOWED		Dec. 31, 1899	lost birthdoyl 69	Months Days Hours Min.
	110.00000000000000000000000000000000000				-/	
	working life, even if retired)	INB. KIND OF	ROZINEZZ OK INDOZIKA	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNT
Owner c	f Bakery			Maryland	1	USA
FATHER'S NA				14. MOTHER'S MAIDEN N.	AAAF	
		Ducales	and-	THE STANDER IN		***
	George F.	лиеске	I.C		Ros	a List
. Wos Deceose	d Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknow	n) (If yes, give wor or dote	s of service)	SECURITY NO.			
No			218-32-4123A	Mrs. Dagmar V.	Rueckert	(Sa me)
18.2/ //	5 (A) 1		CAUSE OF DEAT	H		APPROXIMATE INTERVAL
other Signi TO THE DEA DISEASE OF C 19A. DATE O 21A. ACCIDI OR CONTRIB	ANTECEDENT CAUSES  OR CONDITIONS, if ne obove cause (A) ne obove cause (A) ne condition iast.  Il IFICANT CONDITIONS CO OTH BUT NOT RELATED TO TI CONDITION GIVEN IN PAR NET OPERATION 198. CON WAS PERI OTHER TWAS UNDERLYING UNTING CAUSE OF Ty medical examiner)	NTRIBUTING HE TERMINAL T 1 (A). DITION FOR 1	(c)	20 A. AUTOPSY? (Yes or 1 NO n or obout 21C. WHERE DID fifice bidg., INJURY OCCUR?		E FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exect location)
)		111 1 225				
OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED	21 F. HOW DID IN	AJURY OCCUR?	
(APPROX.)		Wh	ile At Not While			
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22. 1 certify	y that (1) (this hospital	) ottended t	he deceosed from 6.5	7.	1969 to 6	- 24 1967
that (1) (we	) lost sow the decease	d olive on	6. 2	19 6 9 ond	that in (my) (our) or	pinion death occurred on the d
			12 /14 2 / 12 / 2			
		ed above (	(We) (did) (did not) v	iew the body after deoth		1 9
23A. SIGNAT	URE					23 B. DATE SIGNED
	Ve house	- ON		nding Med.	Shoff	6/24/09
	Low II A	~	DE GREE Phys		Phys.	- 1
PHYSICI	Type) Sebasti	an Russ	o M.D.	23D. ADDRESS 5017	Harford Road	d. Balto. Md.
A. BURIAL CRI		24C. N.	AME of CEMETERY OF CRE	EMATORY 24D.	LOCATION (	City, town, or county) (State)
REMOVAL	1 4 4 - 44		mlessed Compte	77	7 timore M	reland
Burial	6/28/69		rkwood Cemete:	ry Ba	altimore Mar	yrand
A. DATE REC'E	D BY HEALTH DEPT.	25B. NAME	OF REGISTRAN	25C. FUNBRAL DIRECTE	R	Balto. Md. 21214
0.000	0 C 10CO Q.C.	8 F 70	Ren MO	Dechard J.	Ruck, Inc. 1	Balto. Md. 21214
WW.	CO 1303 Union	A				
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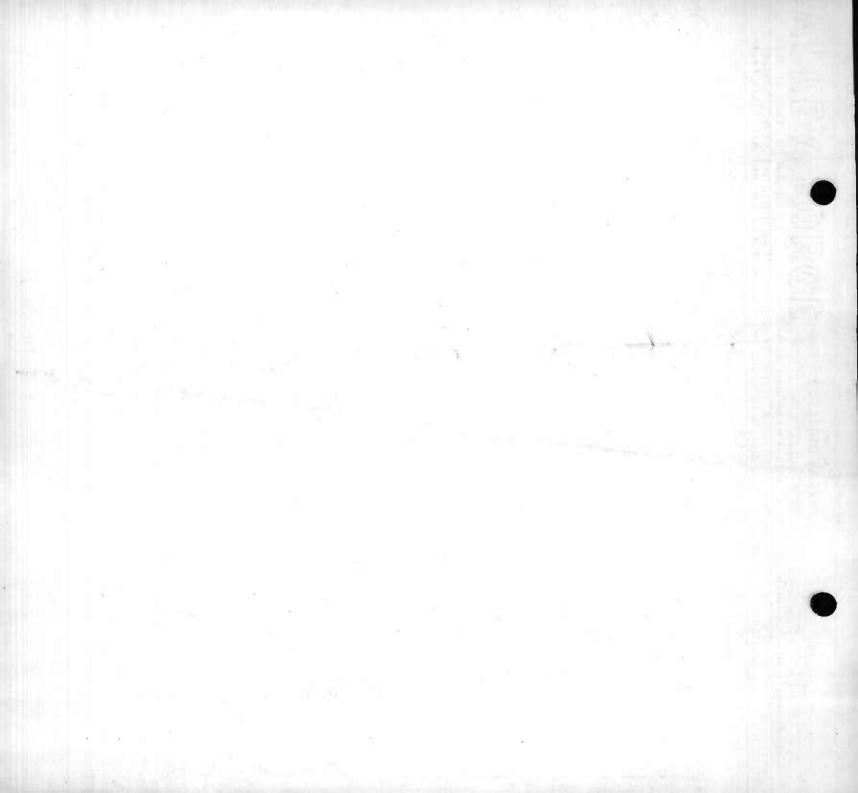
IMPORTAN DIRECTOR: FUNERAL

VS 150-REV. 1/1/68

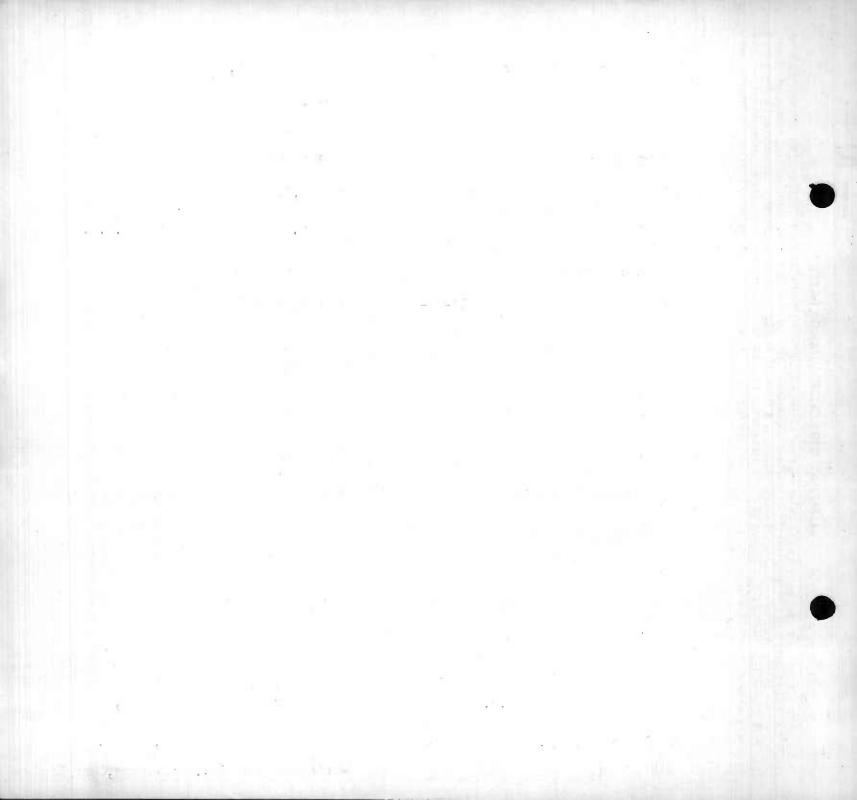
BALTIMORE CITY HEALTH DEPARTMENT 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) D. INSIDE CITY LIMITS YES 🗆 No 4615 Harcourt Rd if Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS Mrs. Evelyn Kowalski, Perry Hall, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (II In Boltimore City, give exoci location) and that in (my) (our) opinion death occurred on the date 23 B. DATE SIGNED (City, town, or county) (Stotel Elkridge, Md. ADDRESS Lechard J. Ruck, Inc. Balto. Md. 21214



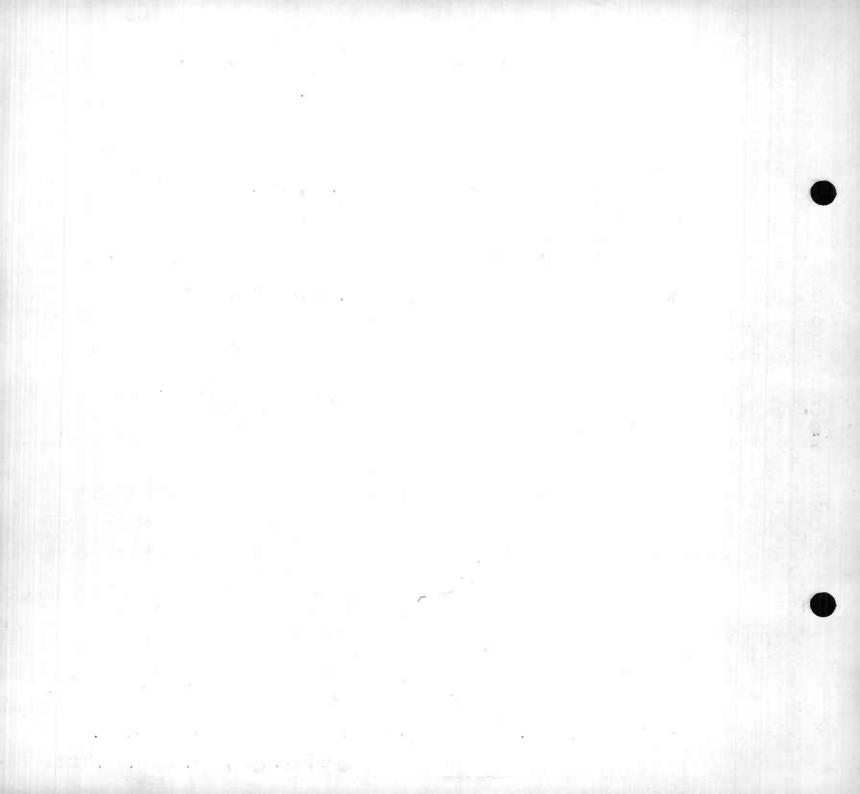
17	F-326 69 6489 BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 69 6489
RIP	CERTIFICATE OF DEATH
, N	NAME OF DECEASED FITZGETALD 2. DATE AND HOUR OF DEATH  (PO OF PRINT) FOR 12-55
FU	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  JUL NAME OF OSPITAL OR ADDRESS OR LOCATION)  JUL NAME OF OSPITAL OR ADDRESS OR LOCATION)  OSPITAL OR ADDRESS OR LOCATION)  D. INSIDE CITY LIMITS?
	NORTH CHARLES CENERAL HOSPITAL  BALTIMORE  VES D NO  E. STREET AND NUMBER  3721 RIDGE CROFT RD. 27-4
	SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) WIDOWED DIVORCED 7-7- 1897 On the lost birthday North Days Hours A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT CO
don	RETIRED EMERSON HOTEL MD. USA
	Edwin R. Fitzgerold Patherine Bedford
15. (Ye	Wos Deceased Ever in U. S. Armed Forces?    16. SOCIAL   17. INFORMANT   Mrs. Elizabeth Fitzgerald   SECURITY NO.   18.   17. INFORMANT   Mrs. Elizabeth Fitzgerald   SECURITY NO.   18.   18.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.
Z	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.  (B) CARCING MA OF THE CUNG, ABOUT 6.  DUE TO, OR AS A CONSEQUENCE OF:  (C) (C)
ERTIFICATIO	TO THE DEATH BUT NOT RELATED TO THE TERMINAL  DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A DATE OF OPPRATION 19B CONDITION FOR WHICH OPERATION 20A AUTOPSY? (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDERED
CAL CE	218, PLACE OF INJURY (Leg., in or obout 21.6. WHERE DID   (It in Bottimore City, give exoct location)
MEDI	Work At Work
	22. I certify that (1) (this haspital) attended the deceased from 6/20/6919 to 6/24 19 that (1) (we) last saw the deceased alive on 6/24 19/69 and that in(my) (we) opinion death occurred on the deceased alive on 6/24 to 19/69 and that in(my) (we) opinion death occurred on the deceased alive on 6/24 to 19/69 and that in(my) (we) opinion death occurred on the deceased alive on 6/24 to 19/69 and that in(my) (we) opinion death occurred on the deceased alive on 6/24 to 19/69 and that in(my) (we) opinion death occurred on the deceased alive on 6/24 to 19/69 and that in(my) (we) opinion death occurred on the deceased alive on 6/24 to 19/69 and that in(my) (we) opinion death occurred on the deceased alive on 6/24 to 19/69 and that in(my) (we) opinion death occurred on the deceased alive on 6/24 to 19/69 and that in(my) (we) opinion death occurred on the deceased alive on 6/24 to 19/69 and that in(my) (we) opinion death occurred on the deceased alive on 6/24 to 19/69 and that in(my) (we) opinion death occurred on the deceased alive on 6/24 to 19/69 and that in(my) (we) opinion death occurred on the deceased alive on 6/24 to 19/69 and that in(my) (we) opinion death occurred on the deceased alive on 6/24 to 19/69 and that in(my) (we) opinion death occurred on the deceased alive on 6/24 to 19/69 and the deceased alive on 6/24 to 19/69 and the deceased alive on 6/24 to 19/69 and the deceased alive on 6/24 to 19/69 and the deceased alive on 6/24 to 19/69 and the deceased alive on 6/24 to 19/69 and the deceased alive on 6/24 to 19/69 and the deceased alive on 6/24 to 19/69 and the deceased alive on 6/24 to 19/69 and the deceased alive on 6/24 to 19/69 and the deceased alive on 6/24 to 19/69 and the deceased alive on 6/24 to 19/69 and the deceased alive on 6/24 to 19/69 and the deceased alive on 6/24 to 19/69 and the deceased alive on 6/24 to 19/69 and the deceased alive on 6/24 to 19/69 and the deceased alive on 6/24 to 19/69 and the deceased alive on 6/24 to 19/69 and the deceased alive on 6/24 to 19/69 and the deceased aliv
	23A. SIGNATURE  AMENDING Med. SNoff B 6/24/69.  23C. PHYSICIAN'S NAME (Type)  THAM NOON PENROACH, M.S. MRTH CHARLES CEN. HOPITAL, BALTO.
24	14. BURIAL CREMATION, REMOVAL (Specify) 246. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county)
	Burial 6/27/69. Parkwood Cemetery Baltimore, Md.



BIRTH NO.  1. NAME OF DECEASED (Type or Print)						2. DATE AND HOUR OF DEATH					
Sarah B Williams  3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD					D	June 22, 1969  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s					
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IN	NOITUTION					C. CITY OR TO		D	. INSIDE CIT	_	No
00 3021 Rosalie Ave					Baltimore YES NO						
						Rosalie	Ave				
	SEX	6. RACE		D NEVER A	MARRIED	B. DATE OF B		9. AGE (In years lost birthdoy)	1 8 8 9 9 1	nder 1 Yr. ths Doys	If Under 2 Hours A
	Female	White	WIDOW		VORCED	April ]		-/		CITATENI	F WHAT COL
	e during most of	working life, even if retired)	NIOB. KIND	OL BOSINESS (	OK INDUSTRI						
10	Housewi		NO E			Penr				U.S.A	•
13.	FATHER'S NAP	WE			44		S MAIDEN NA				
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Ye	No No	Ever in U. S. Armed For (If yes, give wor or date	s of service			Mr Hai	rry J Wi	lliams	Sa	add me	KE22
	1B.	3.5		CAUS	SE OF DEATH	1					ROXIMATE INTE
		E OR CONDITION DE	RECTLY	Cann	name	reloni	- mila	staris			1
			dvina. e.								, 1
(This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,											
	injury or com			se,							
		plication which caused	deoth.)	se,							
			deoth.)	(B)							
	DISEASES C	aplication which coused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A)	I deoth.) ony, givi	(B)							
	DISEASES C	ANTECEDENT CAUSES OR CONDITIONS, if s obove couse (A) G CONDITION lost.	I deoth.) ony, givi	(B)							
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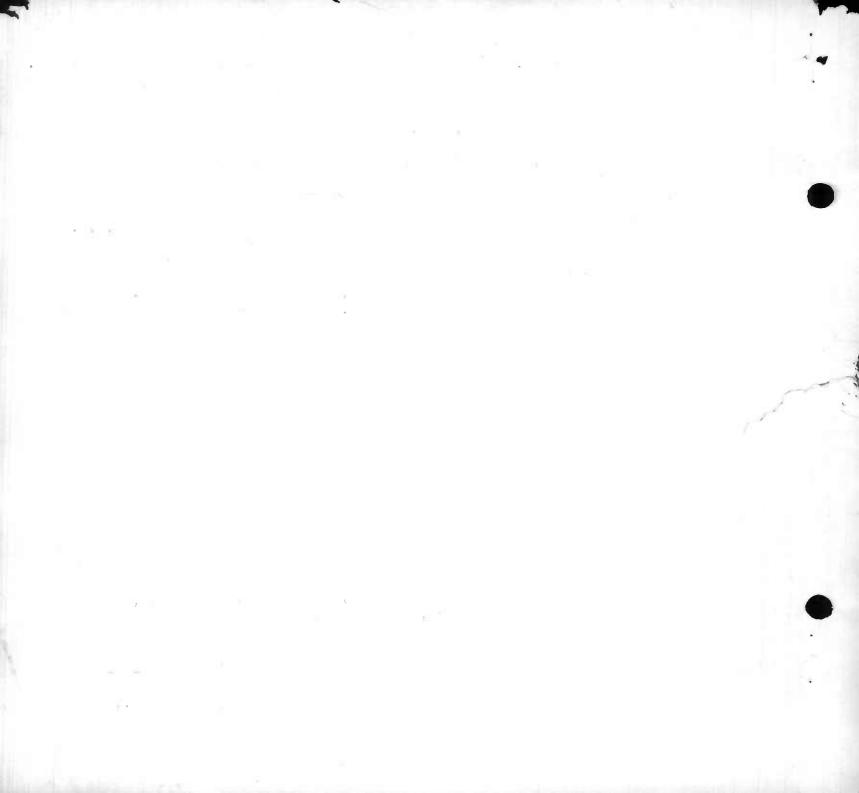


0-35	69	6491		TE OF DEATH	REG. NO	69 6491		
BIRTH NO.  1. NAME OF DEC (Type or Print)	CEASED ANNA	В. (	DONNELL	2. DATE AN	b Hour of DEATH 26, 1969.	1 2 A. N		
3. PLACE IN BALL FULL NAME OF HOSPITAL OR INSTITUTION	TIMORE, MARYLAND, W (IF NOT IN HOSPIT, ADDRESS OR LOCA	AL OR INSTITU	UTION, GIVE STREET	4. USUAL RESIDENCE (When A. STATE B. COUN Md.	TY	stitution: residence before odmission		
00	3105 Lawnv:	iew Ave	nue	Baltimore YES NO NO NO NO NO NO NO NO NO NO NO NO NO				
s. sex Female	6. RACE White	7- MARRIED	NEVER MARRIED DIVORCED		9. AGE (In years lost birthday) 97	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
	working life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreing Maryland	gn country)	USA		
13. FATHER'S NA	Me George XXX		Weiss	14. MOTHER'S MAIDEN NAM Fallarina		x Kilmeyer		
15. Was Deceosed (Yes, no or unknown NO	d Ever in U. S. Armed For (If yes, give wor or dote	ces? s of service)	security no. Unk.	Mr. Raymond O'	Donnell	(Sa me)		
DISEASES (rise to the UN DERLYIN	asthenio, etc. It means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, it is above cause (A) G CONDITION last.	death.) ony, giving stating the	(B) Mild	A CONSEQUENCE OF:  A CONSIQUENCE OF:  MULLY	bronderlie!	test egen resi egan		
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OR CONTRIB	INT WAS UNDERLYING UTING CAUSE OF y medicol exominer)	21 B hom etc.	ne, form, foctory, street, of	n or about 21 C. WHERE DID INJURY OCCUR?	(If In Boltimor	e City, give exact location)		
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)		ile At Not While		, ,	- 6 10		
that (I) (we	y that (1) (this hospital ) lost saw the decease	d alive on	6-13	19/69 ond th	of In(my) (our) opi	nion deoth occurred an the dot		
23A. SIGNAT	Win Z- 7	Penne	Atte Phy	miding Med. Director  23D. ADDRESS	Shaff Phys. D	23B. DATE SIGNED 6-27-69 21213		
24A. BURIAL CRI REMOVAL Buria]	EMATION, 248. DATE (Specify) 6/30/6	24C.N Ho	AME of CEMETERY of CRI			ity, fown, or county) (State) nore, Md.		
25A. DATE REC'E	1969 PLA	S . 6	OF REGISTRAR	2SC. FUNERAL DIRECTOR		lto. Md. 21214		



VS 150-REV. 1/1/68

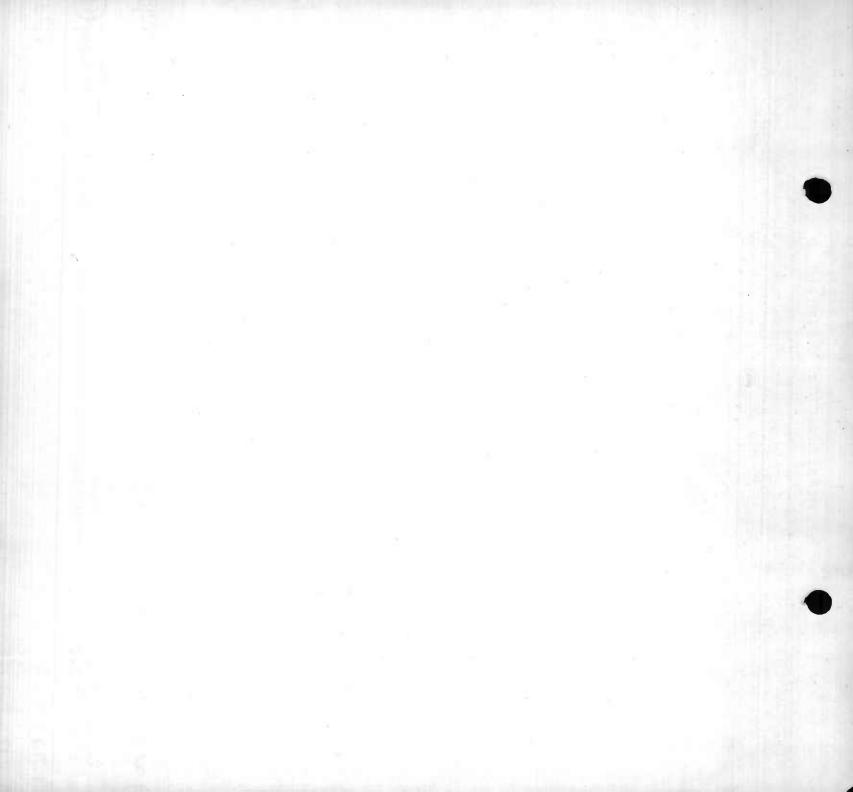
MENT REG. NO.	69	6492
DATE AND HOUR OF DEATH	- 1	8:25 a. M.
NCE   Where deceased lived, If is B. COUNTY	institution; reside	ince before admission)
đ	15	05
D. IN:	SIDE CITY LIMIT	
UMBER	YES 2	№ Ц
isterstown Road	l	
9. AGE (In years last birthday)	If Under 1 Months Doy	If Under 24 Hrs. Hours Min.
oto or foreign country)	12. CITIZEN	OF WHAT COUNTRY?
arolina	U.	S.A.
IDEN NAME		
rude Matthews-d	laug. Sa	DRESS
Brown- daughte	r 1608	Rosedale St
	BETW	PROXIMATE INTERVAL
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bluding		***************************************
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(es or No.) 208, IF YES, WERE IN CERTIFYING CA	USES OF DEAT	H?
E DID (If In Boltima	re City, give exc	ct location)
DID INJURY OCCUR?		
DID INJUST OCCUR!		
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death.	23 B, DATE SIG	ONED
or Staff Phys.	6-26-	
sion Street B	Balto.,	Maryland
24D. LOCATION (Ci	ty, tawn, or cou	nty) (Stote)
Baltimore	170	ruland
IRECTOR	, A	DDRESS
& Dyett F. H	1. 1701	LAURENS St



IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV, 1/1/6B

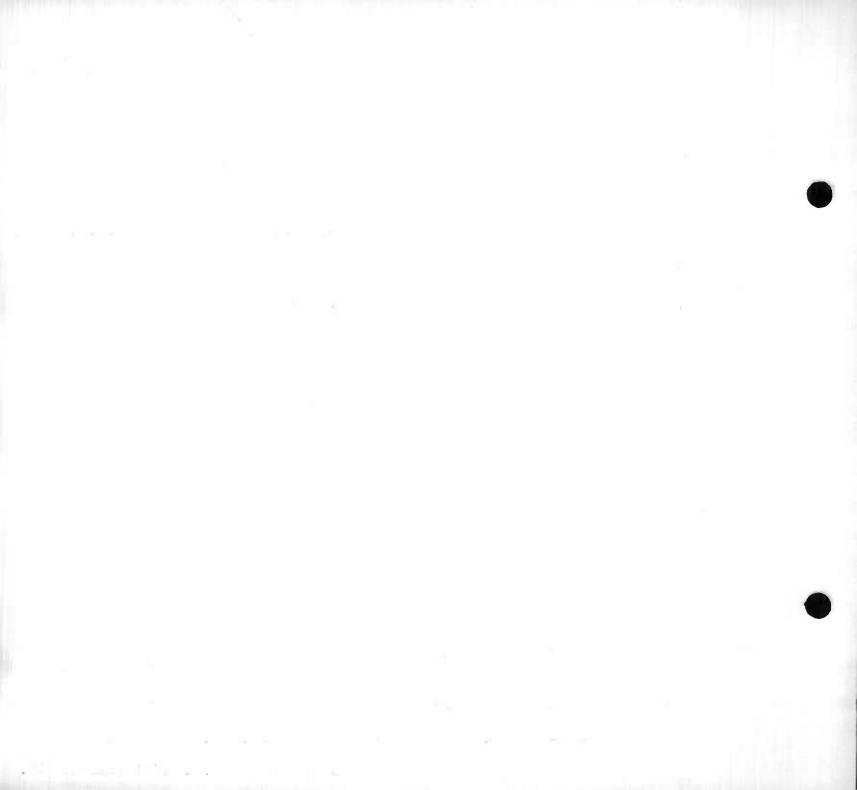


7-500	BALTIMORE CIT	Y HEALTH DEPARTMENT	CO CADA
09	6494 CERTIFICA	TE OF DEATH REG. NO.	69 6494
I.NAME OF DECEASED			
(Type or Pant) Hinnie 1	PAUNIE	2. DATE AND HOUR OF DEAT	1,00
3. PLACE IN BALTIMORE, MARYLAND, WHERE	FRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased fived. II	institution: residence before admission
FULL NAME OF UF NOT IN HOSPITAL OF	R INSTITUTION, GIVE STREET	A. STATE B. COUNTY RALL	12-06-14 MC
HOSPITAL OR ADDRESS OR LOCATION	I STREET	C, CITY ON TOWN	NSIDE CITY LIMITS?
Smai Hospital	01 P. 162.00		YES NO T
3/201/1/00/21/10	7 Ballmore	E. STREET AND NUMBER	(2)
40		14935 Edgema	E ALY 2/21
Femilo Negro 7. M.	ARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost blithday)	If Under 1 Yr. If Under 24 H Months: Doys Haus Min.
WILL WILL	OWED DIVORCED	4/5/10 50	307.
OA, USUAL OCCUPATION (Give kind of work 108, K	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or loreign country)	12. CITIZEN OF WHAT COUNT
Housewife	Hine	GEORGIA	1150
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	Q, J, 17
HUDKAN D	AVIC	Louise Davis	
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
res,na arunknawn! (II yes, give wor ar dotes of s	ervice) SECURITY NO.	1 0 0 0	
18.	CAUSE OF DEAT		1917 Edgemere
DISEASE OR CONDITION DIRECTL		2	BETWEEN ONSET AND DEA
LEADING TO DEATH		co Promove Aunilandan.	2 15 ma 7
(This does not mean the mode of dying heart laiture, asthenia, etc. It means the d	e.g., (A) MMEDIATE CAI	A CONSEQUENCE OF:	5 1001/1
injury or complication which caused death	126026	100	
ANTECEDENT CAUSES	4-1		
DISEASES OR CONDITIONS, if ony,	giving DUE TO, OR AS	A CONSEQUENCE OF:	
rise to the above cause (A) statin	ig ine		
44	(c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBE	JING P. /	11 1 - 41 -	_
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	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WER	E FINDINGS CONSIDERED
2		XES .	AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i hame, farm, fociary, slicet, o	n or about 21C. WHERE DID (If in Baltim lince bldg., INJURY OCCUR?	are City, give exact lacation)
DEATH (notify medical examiner)	etc.)		
21D.TIME (Month) (Doy) (Year) (Hou		21F. HOW DID INJURY OCCUR?	
(APPROXI	While At At Wark		
22. I certify that (this hospital) atte		12 JUNE 1969 10 0	JUNE 19 6
that (we) last saw the deceased ally		- 10	olnian death occurred an the da
and haur and fram the causes stated ab		, , , , , , , , , , , , , , , , , , , ,	riman death occurred on the do
23A, SIGNATURE	ares ha (i.e.) (qiq) Valar vigit)	new the body offer death.	DATE CICHED
manis Osts	off MI) AHO	nding Med. Staff	23B DATE SIGNED
23C. PHYSICIAN'S	OEGREE Phy	Director Phys.	70 70 12
NAME (Type)	LADO ( MI)	23D. ADDRESS HOSPITO	1 of Raltmore
4A. BURIAL CREMATION, 24B. DATE	COTT DEGREE	2/10/11/ /(03/	· · / greet in the
REMOVAL (Specify)	24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION	City, tawn, or county) (State)
BURIA 6/30/69	Peto Hubur	N Cen. Balte.	Hd.
11	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
01 10 7			
11 IN 2.6 1969 PoBe & E Ja.	Ben M.D.	Merton & Dyett tith	1701 Lourers

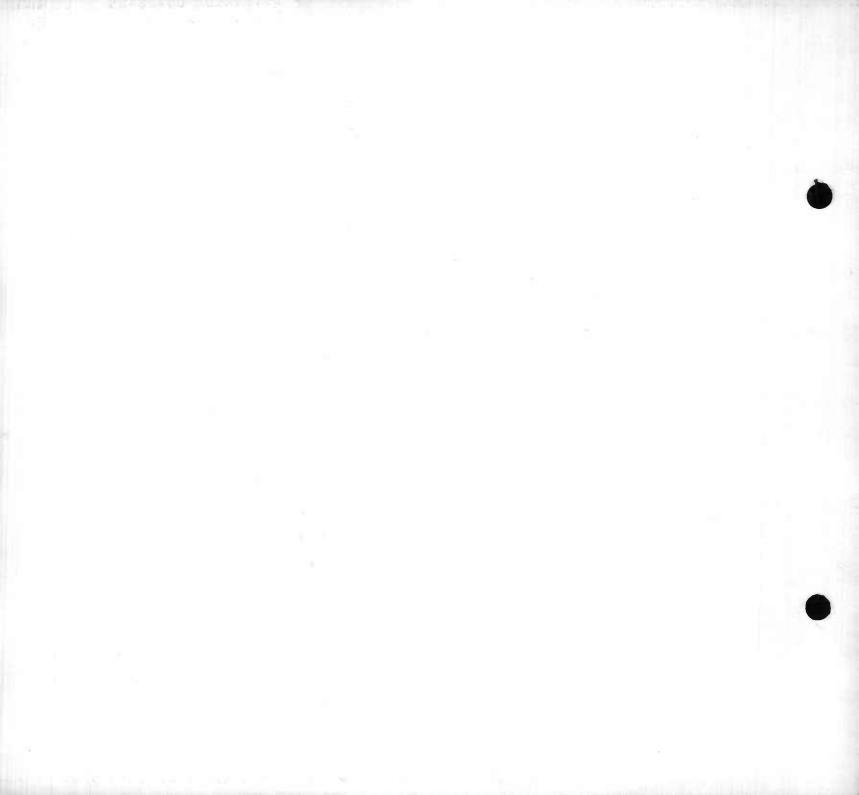
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•	death occurred in a hospital and it or contributing cause of death Undetermined cause, (5) Deceased vas in regular attendance on the deceased prior to death. Such ostition is made.
<del>与</del>	disp
TAP	istar he c kind deat ce o nal
OR	if the
W	Also, e of country attermed
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	y was (1) An 3.A. at appro
	s cer bod ws: s D.c sease
	Thi the short

(-60	7 63	649	5 BALTIMORE CITY	HEALTH DEPARTMENT	. /	00 0405	
BIRTH NO.				TE OF DEATH	REG. NO	69 6495	
1. NAME OF DECE	SED	_		Carrier Carrier	AND HOUR OF DEATH		
LTRANCIS	) trances	Cai			6/26/6	9 7:00 A. M	
3. PLACE IN BALTI	MORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (WA. STATE	here deceased lived. If in	stitution: residence before admission)	
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Maryland	Buttel	52.00	
HOSPITAL OR	ADDRESS OR LOCA	ATION)		C. CITY OR TOWN D. INSIDE CITY LIMITS?			
3.3				Baltimore		YES 🗷 NO 🗌	
The Joh	ns Hopkins	Hospi	ital	E. STREET AND NUMBER		03000	
	RACE			201 Flemin		21222	
Female	Negro	WIDOWED	NEVER MARRIED X	11/2/42	9. AGE (in years last birthdoy)	if Under 1 Yr. it Under 24 Hrs. Manths Days Haurs Min.	
OA. USUAL OCCUP	ATION Give kind of work	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fo	preign country)	12. CITIZEN OF WHAT COUNTRY	
Factory	rking life, even if retired)			Baltimore,		U.S.A.	
3. FATHER'S NAME				14. MOTHER'S MAIDEN N		0.D.A.	
Jeff	Carr			Lucy Boo			
5. Was Deceased Ev	ver in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT	Over		
res, no of unknown) (i	t yes, give war or date:	s of service)	SECURITY NO.			ADDRESS	
No .				Mrs. Lucy H	sooker 201	Fleming Drive	
DISEASE LE	OR CONDITION DIR ADING TO DEATH meon the made of thenia, etc. It means	dvina e a	(A) IMMEDIATE CAU	B-1-1	Failure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  2 12 475	
DISEASES OR rise to the UNDERLYING (	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.  (B)  DUE TO, OR A						
TIO THE DEATH E	ANT CONDITIONS CON BUT NOT RELATED TO TH IDITION GIVEN IN PART	E TERMINAL	*******************	************************************	***************************************	***************************************	
	PERATION 198 CONE WAS PERF	ORMED	HICH OPERATION	NO NO	10 208, IF YES, WERE F	INDINGS CONSIDERED	
OR CONTRIBUTION	WAS UNDERLYING THE CAUSE OF edical examined	21 B, home etc.)	PLACE OF INJURY (e.g., in b, larm, loctory, street, off	or obout 21 C. WHERE DID	(il in Balilmare	City, give exact locotion)	
21D. TIME (MOF INJURY	Aanth) (Day) (Yeor)		INJURY OCCURRED  O A1	21F. HOW DID IN	JURY OCCUR?		
	at (I) (this hospital) st sow the deceased			1/69	19to	26/69 19	
1 4.7 4.7 4.7				and t	hat in (my) (our) opin	Ion death occurred on the date	
	and have and from the causes stated abave. (1) (We) (dld) (dtd net) view the bady after death.  23A. SIGNAPURE  23B. DATE SIGNED.						
and have and fr	VC See	9017	La Dhia	Director		6/2//60	
and haur and fr 23A. SIGNADURS 23C. PHYSICIAN'S NAME (Type	C. Acr	reia	OEGREE Phys.	3D. ADDRESS	Phys	6/26/69	
and haur and fr 23A. STGNADURG 23C. PHYSICIAN'S NAME (Type) Peter IA. BURIAL CREMA	C. Scheid		M.D. DEGREE	Director L  3D. ADDRESS  The Johns Ho	pkins Hosp		
and haur and fr 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Peter AA. BURIAL CREMA REMOVAL (Spec	C. Scheid	24C.NA	M.D. DEGREE	The Johns Ho	Physical Depkins Hosp	tawn, or caunty) (Stote)	
and haur and fr 23A. STGNADURG 23C. PHYSICIAN'S NAME (Type) Peter 4A. BURIAL CREMA	C. Scheid	24C.NA	M.D. DEGREE ME of CEMETERY OF CREF	The Johns Ho MATORY  240.  25C. FUNERAL, DIRECTO	ppkins Hosp Location (City A. Co.,		



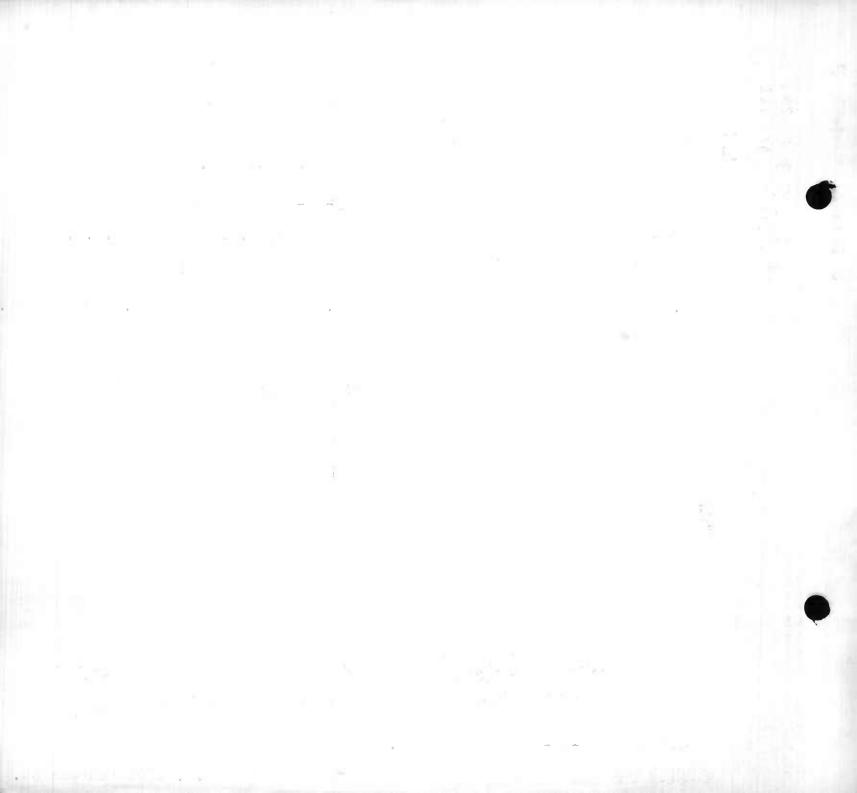
1	H-640 69 6496 CENTIFICA	HEALTH DEPARTMENT. OLDROYD B 65 649 675				
	BIRTH NO. CERTIFICA	TE OF DEATH REG. No.				
	1. NAME OF DECEASED (Type or Pant)	2. DATE AND HOUR OF DEATH				
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where doccored lived, If institution residence before admission) A, STATE 8, COUNTY				
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET	719 N Augusta ave 1608				
2	University of Md. Lospital	Ba finde Md D. INSIDE CITY LIMITS? YES NO				
	Ballenes md	E. STREET AND NUMBER				
mad	5. SEX 6. RACE 7. MARRIED ANEVER MARRIED	8. DAJE OF BIRTH 9. AGE (In yoors   II Under 1 Yr., II Under 24 Hrs.				
is m	M Neg WIDOWED DIVORCED	5/1)/45 Hours Min.				
ion	done during most of working life, even if retired)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
osit	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
disp	Charles Harles	LOUVENIA BAKET				
final disposition	15. Was Deceased Ever in U. S. Armed Forces? (Yas, no or unknown) (If yes, give wor or dotes of service)  SECURITY NO.	17. INFORMANT ADDRESS				
or fi	NO. 213-01-1954	Mrs. Novail Harles 719 Hugusta				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH				
balmed	(A)IMMEDIATE CAUS	CONSEQUENCE, OF:				
ешр	injury at complication which coused death.)	o vas ulas desease =				
0	DISEASES OR CONDITIONS, if ony, giving  (B)  DUE TO, OR AS	A CONSTRUENCE OF:				
15 ar	rise to the obave cause (A) stoling the UNDERLYING CONDITION last. (C)	True				
remains	II OSCAPIO	Cell Thail				
e rer	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	inal annewymi				
두	198 CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF /ES, WERE FINDINGS CONSIDERED IN CEMPTINO CAUSES OF DEATH?				
before	U 21% ACCIDENT WAS UNDERLYING   21% PLACE OF INJURY (e.g., in home, form, foctory, street, offi	or obout 21 C/WHERE DID /// to Rollimore City chee event le est e				
	DEATH (notify medical examine)					
ained	OF INJURY  (APPROX.)  While At   Not While	21F. HOW DID INJURY OCCUR?				
opto	22. I certify that (I) (this hospital) attended the deceased fram	135 1969 to 6/26 1069				
9	that (i) (we) last saw the deceased alive an	and that in (my) (aur) apinian death accurred an the date				
ust.	and hour and fram the causes stated above. (i) (We) (did) (did nat) via 23A. SIGNATURE					
	MISSIAN DEGREE Phys.	ding Med. Staff Phys. 23B, DATE SIGNED				
approval must		D. ADDRESS				
db	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREM	TATORY 24D. LOCATION (City, town, or county) (Stotel				
Hen	Burial 6-30-69 Carven Mem.	Park Laurely Maryland				
Written	JUN 26 1969 Paber E. Jaber M.D.	25C. FUNERAL DIRECTOR ADDRESS				
- 11	/5 150-REV. 1/1/68	1 Doreton & Dyett to H 1101 LAUREUS				

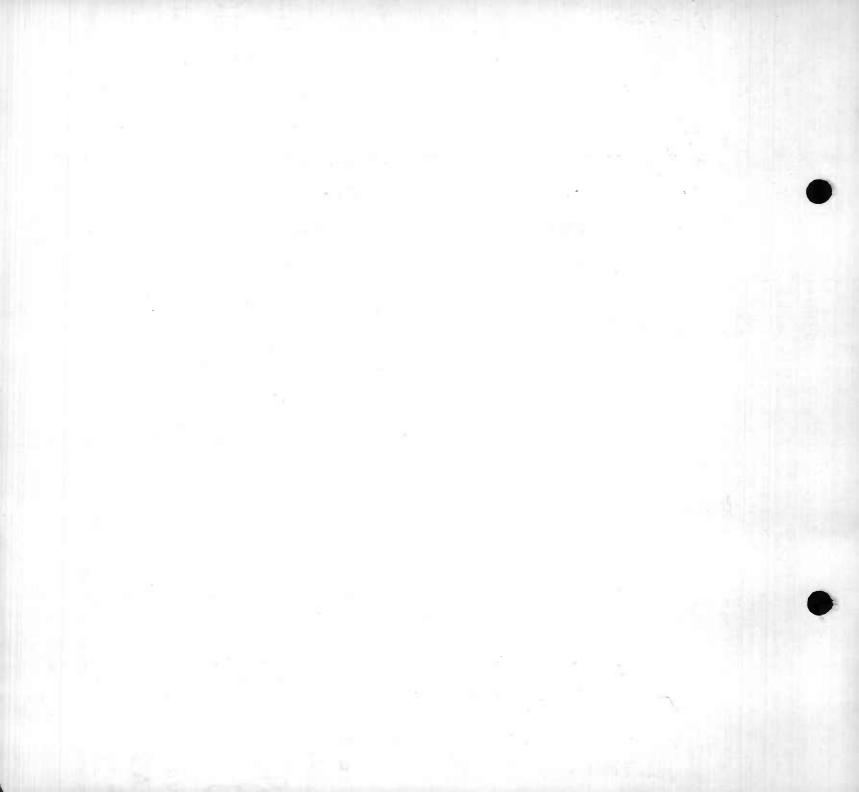


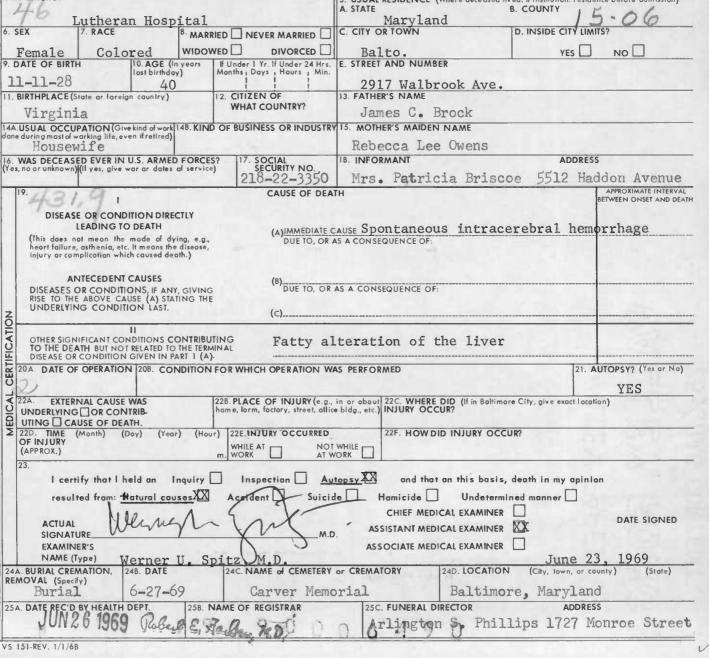
IMPORTANT

DIRECTOR:

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BALTIMORE CITY HEALTH DEPARTMENT

